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THE OUT-DOOR RELIEF OF THE CHILDREN'S HOSPITAL, BOSTON

By LUCY W. DAVIS
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Of the thousands of cases passing yearly through the Surgical Out-Patient Department of the Children's Hospital there are many not requiring operative or hospital-bed treatment who yet imperatively need more than the unskilled care of the mother at home. Of such kind are the cases of chronic tubercular joint-disease, often tubercular joint-disease in the acute stage not needing operation, also rachitis, convalescent empyema, and others.

It was seen that if provision could be made for the proper treatment of these children in their own homes, many beds in both the hospital and Convalescent Home at Wellesley Hills could be freed for more serious cases. The initial work in this direction was done by Dr. Charles L. Scudder in 1895. He raised a fund which paid for the special services of a nurse of the Boston Instructive District Nursing Association for one year. After this trial of a year, the work was seen to be of such value that it was at once adopted as part of the regular activity of the Children's Hospital. And thus the out-door relief work has become a distinct part of the hospital Training-School for Nurses in the third year.

The term of service for each nurse detailed for this work is at least three months—not less, because with each new appointment much time is inevitably lost by the nurse in learning the way among the "cow-paths" of Old Boston. Nor is the work limited to the city proper. The nurse's circuit sometimes lies through suburbs twelve or fifteen miles away.

Cases are recommended to the Out-Door Relief Department by any

of the assistant surgeons of the Out-Patient Department. The form used is as follows:

Name.....Margaret Lafferty.
Address.....80 Tyler Street.
Father's name.....William Lafferty.
Date.....July 1, 1902.
Diagnosis.....Hip disease.
Referred for.....Frame and traction.

To the Out-Door Relief Department.

This slip is handed to the head nurse of the Out-Patient Department, who has charge of all the out-door relief work. Each morning she gives to the visiting nurse all instructions received by her from the surgeons concerning either new cases or those already under the care of the department. Each night the visiting nurse returns both a written and oral report of the visits made and the progress of the patients. Except in case of special directions received, it is left to the visiting nurse to make her visits in order according to her own judgment. It is her duty to direct her patients, from time to time as seems necessary, to report at the Out-Patient Department for examination by the surgeons. If an emergency arises, or if the patient is unable to reach the hospital and is in need of the doctor's care, one of the assistant surgeons will always accompany the nurse upon her visit. In the summer the nurse also sees to it that each little patient is sent out of the hot city streets for at least two weeks to one of the seashore homes, the Children's Island Sanitarium, or the Burrage Hospital. Many of the children go to such homes several years in succession.

The pupil nurse who first started on her rounds in 1896 had on her list ten cases. There were made in that year five hundred and fifty-two visits. In the year 1902 there were made two thousand and sixty-nine visits, and the nurse carries now a list of from thirty to fifty names.

The equipment of the nurse is simple: an apron, bandages, absorbent gauze, a few disinfectants and a few instruments, extensions, alcohol and boric-acid ointment, and a splint-key. She needs also a supply of patience and tact for dealing with maternal ignorance and sloth. When districts to be traversed are contiguous the visits sometimes number fifteen in one day. This is the exception. Some visits mean only a few minutes, "old dressings" doing well in the hands of the mother, who has grown skilful through years of enforced experience. But it may be a new case or an acute hip to be put up with traction for the first time. On the arrival of the nurse here the mother explains that she has been unable to touch the child for twenty-four hours because "he screams so."

Consequently the patient is found in a somewhat deplorable condition, and must, first of all, be made clean. Next, the bed under him

must be prepared, and then the extension applied to the sensitive little leg. And because she knows just how the nurse is able to do all this, so that the child, intensely on the watch for being hurt, has hardly an occasion to make a sound. Meanwhile, other members of the family are dispatched for twine, a pulley, blocks for the foot of the bed, and other appliances, by means of which the child is finally left in greater comfort than he has known for some days. All this means time, but lacking just this amount of trained care the child would have to be admitted to the hospital ward. If the parents are sensible people, all goes well. And the nurse watches with delight how the sensitiveness decreases under "her treatment," until at last the boy is carried to the hospital on his frame to be measured for a splint.

First treatment is not always easy to put through in a child's home. The parents are often ignorant and far from sensible. The mother watches with silent suspicion while the nurse straps her child upon a frame and attaches to it various other strange contrivances. Night comes; the child, no longer diverted by the family life around it, cries persistently, until the mother turns downright distrustful and takes the apparatus to pieces.

It may be a baby with rickets. The Italian mother says nothing while baby is put upon the frame. But at the next visit the frame is found standing in a corner, while baby is at large upon the floor with the warping of her bones going on apace. The nurse brings up the example of Philomena in the tenement opposite, a neglected case of rickets, now fourteen years old, only three feet high, and twisted every imaginable way. The argument may, and may not, avail for another trial of the treatment. The Italian mother sighs and repeats half-stolidly, half-hopelessly, that baby cries. If she has five or six others besides one newly born, it will not be so strange if the nurse has to go away with the frame under her arm.

There is also another side of the work; as when, hearing that the nurse has arrived, half the women of the tenement come, bringing their halt and their lame, and the nurse holds a little clinic all by herself. Though always confining herself to that sphere of usefulness whose mandate to the nurse is "thus far shalt thou go, and no farther," she can for the minor ailments advise such harmless remedies as fresh air, wholesome diet, or soothing ointment; for those more serious she can direct them to the proper hospitals or free clinics with which Boston is so generously supplied.

Often a case of extreme poverty can be relieved by reporting it to the Associated Charities, who are ever ready to come to the assistance of the deserving poor.

Thus the influence of our out-door relief work can be seen to be more

far-reaching in its effects than it claims to be in its original purpose. It widens our sphere of surgical helpfulness, develops the powers of observation and self-reliance of each nurse upon whom the privilege of work in this department falls. It sends many children each year out of the disastrous heat of the city to seashore and country, where their health is renewed and fresh strength received to help them fight the disease with which they are burdened, and incidentally shows the wretched mothers the value of care and cleanliness. To these people, who largely are aliens, for much of our work lies among the Italians, and Jews from Russia, cleanliness, fresh air, and that far-reaching law of brotherly love come in the form of innovations to be at first accepted with suspicion and incredulity, but our experience is that gratitude and trust will take their place as time goes on, for the mother-love that is in them prompts them that the hospital and its workers are their children's friends, and so theirs.

Not only the nurses, but the children themselves, do their share in propagating the gospel of health. They have become accustomed during their stay in the hospital to the luxury of a clean body and wholesome food, and in the candor of childhood tell their parents of it and wish for similar things at home. So the seeds of comfort are planted, which will bear fruit, if not abundantly now, in the coming generation.

SOME CLINICAL FEATURES OF TRACHOMA

By HERBERT WRIGHT WOOTTON, M.D.
New York

Trachoma is an affection primarily of the palpebral conjunctiva, contagious in nature, and in this country, at least, generally chronic in course, which as it progresses leads to extensive changes in the lids and in the tissues of the eyeball, and which, unless checked by treatment, causes in time great diminution in vision, though rarely absolute blindness. The changes present in the conjunctiva consist at first in the deposit therein of spherical bodies, the trachoma granules, and the production of hypertrophy of the mucous membrane. The trachoma granules vary somewhat in size in the same case. The larger granules are about as large as a pin's head and translucent. As a rule, they are first observed in the lower fold of transition—that is to say, on the inner surface of the lower lid at the point where the conjunctiva leaves the lid to pass upon the surface of the globe. At the same time smaller granules will be present deeper in the tissues of the conjunctiva, and, in consequence, the conjunctiva will be hypertrophied and thrown into

folds. Upon everting the upper lid, on the surface of the tarsal cartilage, the trachoma granules appear in the early stages as deeply seated, small, yellowish bodies. In this situation, as the conjunctiva is closely adherent to the cartilage, folding of the mucous membrane does not so readily take place, and it is therefore here that the granules are most clearly to be observed. Throughout the rest of the conjunctival surface of the upper lid hypertrophy readily takes place, and on eversion is earliest recognized at the outer and inner margins of the cartilage. Gradually the membrane becomes extensively infiltrated with the trachoma granules and markedly hypertrophied. Some of the granules are large and soft, others are small and hard. Both kinds of granules are invariably found together, but in any individual case one or the other may greatly predominate and so give a sort of type to the disease.

This stage, as a rule, takes several years for its completion, and during its progress symptoms of irritation are frequently absent, at least for the greater part of the time. There are usually transitory attacks of congestion of the eyeball and lachrymation, and some muco-purulent discharge from time to time, but for long periods there may be no symptoms to suggest the necessity for a careful examination. In the earliest stages of this period diagnosis is difficult, differentiation from the disease known as follicular conjunctivitis being by no means easy. The granules (follicles) of follicular conjunctivitis are smaller than those of trachoma and are arranged in parallel rows on the mucous surface of the lower lid. They are not accompanied by hypertrophy of the mucous membrane, nor are they to be found deep-seated in the conjunctiva covering the superior tarsal cartilage. If, on everting the lower lid, we find only small follicles in parallel rows unaccompanied by hypertrophy, with no changes in the conjunctiva of the upper lid, we cannot, therefore, say that the case is one of trachoma; but if we are doubtful as to the character of these follicles, and think that the mucous membrane presents commencing hypertrophy, we then evert the upper lid, when if we find follicles on the surface of the tarsal cartilage our diagnosis of trachoma will be confirmed. So in doubtful cases we should not neglect to evert the upper lid and examine it carefully.

As the disease progresses some of the follicles rupture, others gradually disappear by conversion into connective-tissue. The membrane gradually shrinks, becomes atrophic, and is gradually replaced in part by cicatrices. The cicatrices contract and distortion of the cartilages results. The palpebral fissure becomes narrowed, the margins of the lids inverted (entropion), and the eye-lashes are brought in contact with the globe, causing great irritation. The cornea becomes hazy in its upper part and permeated with blood-vessels (pannus), while ulceration of its

surface occurs from time to time, causing pain, photophobia, and lachrymation. There are two theories adduced to explain pannus. The first, and older, ascribes its occurrence to irritation and infection of the cornea by the rough, hard, and thickened upper lid. The second, more modern, and at present more generally held, maintains that pannus is trachoma of the cornea, its character being modified by the structure of the tissue it involves. For my own part, I must confess that the clinical evidence in support of the former theory, and particularly that furnished by the pannus which occasionally follows operations for trachoma, seems to me to be very strong. In the latter class of cases the lids are invariably greatly roughened. Unless the course of the disease be checked, the pannus increases and the cornea gradually becomes permeated by connective-tissue, loses still further its transparency, becomes weakened, and bulges forward under the pressure of the intra-ocular fluids. In late stages of the disease the iris may become involved, a rather sluggish form of iritis being present. Occasionally, though very rarely, a trachomatous ulcer will perforate the cornea.

The progress of the disease as usually seen in this country is chronic, requiring years to reach the stage of cicatricial contraction of the lids. Consequently the follicular stage is found most frequently in childhood and adolescence, the cicatricial in adult life.

The disease is transmitted by contagion, by direct contact of the discharge of a trachomatous eye with that of a healthy eye. The particular germ to which the disease is due, if there be one, has not as yet been isolated. During the last twelve months two physicians and three nurses of the trachoma service at Gouverneur Hospital have contracted the disease in spite of all possible precautions. From this we may draw the deduction that the disease is contagious to a decided degree. On the other hand, Pisinger was not always successful in producing trachoma by inoculation. The disease is not communicable through the air, and is most highly contagious during periods of acute exacerbation, during which times secretion is abundant. The disease belongs essentially to the tenement population, and is uncommon among those whose circumstances permit of more comfortable environment. It is therefore a disease of clinical rather than of private practice. It is apt to be especially prevalent in institutions for children, in which as large a proportion as twenty-five per cent. of the inmates may be found affected. Simple overcrowding and dirty surroundings are not directly responsible, however, for the disease, but where children are crowded together the chances of infection are greatly increased, and uncleanly habits naturally aid in this direction. I have not been able to assure myself that an anæmic or run-down condition is to be regarded as a predisposing cause. ▲

racial predisposition does, however, undoubtedly exist. The disease is most prevalent among the Jews and Irish. The negro, on the other hand, appears to enjoy comparative immunity, which is not, however, as complete as some writers state.

Considering the obstinate and relapsing character of this disease, and the fact that one year and a half ago ten per cent. of the school-children of New York were found to be afflicted with it, it would seem that something might be done in the way of prophylaxis by excluding from our shores such immigrants as suffer from trachoma. As it is in their homes that children are most likely to become infected, the distribution of circulars explaining the nature of the disease to our tenement-house population would, I think, be productive of considerable good, at least in time. In addition, in consideration of the many sources of infection in institutions for children, it is greatly to be desired that one such institution should be set apart for the reception of trachomatous patients. The actual treatment of the disease consists in local measures, non-operative and operative. Of the former the oldest, and to my mind the best, consists in the application to the everted lids of the solid stick of sulphate of copper every day or less frequently, according to the severity of the case. Although tedious and somewhat painful, this treatment is not infrequently exceedingly satisfactory, and is particularly apt to be so in cases presenting a relatively large number of soft granulations and in cases in which the granules have begun to disappear and hypertrophy of the membrane still remains. Daily frictions with a pledget of cotton saturated with bichloride of mercury 1 in 2000 to 1 in 500 is popular with many surgeons. It has seemed to me that the effect produced has been due more to the friction than to the chemical employed. Solutions of formalin employed in the same manner have seemed to me to have no specific effect. At the Hospital for Contagious Eye Diseases, established by the Department of Health, an opportunity to compare these methods in fifteen thousand cases demonstrated to the minds of the physicians in attendance the undoubted superiority of the sulphate of copper. The operative treatment of the follicular stage of trachoma consists in the expression, or squeezing out, of the granules, either with or without previous scarification of the membrane. This operation necessitates a general anæsthetic, ether by preference. Nitrous oxide gas is unsatisfactory for this purpose on account of the congestion it produces, the hemorrhage being so profuse that the field of operation is much obscured. Ethyl chloride, in my opinion, is not safe. The operation cannot be thoroughly performed under cocaine, even when this drug is used in the form of an impalpable powder applied to the everted lids. Chloroform should be reserved for cases of albuminuria.

The operation is performed as follows: The lids are everted with a pair of Noyes's trachoma forceps, while with another pair or with Knapp's or Prince's forceps the granules are squeezed out, either with or without previous scarification. At the Contagious Eye Disease Hospital the operators prefer to use first Jameson's trachomatomes, which express at the same time that they scarify. The operation is then completed with Noyes's forceps, while Prince's forceps are finally used to remove the granules situated in the canthi. The mucous membrane is then thoroughly rubbed with a solution of bichloride of mercury 1 in 500, sterilized white vaselin is applied to the surface, or a few drops of castor-oil are instilled into the eye, a sterilized gauze dressing is applied, and the eyes are bandaged. The bandage is removed as soon as the patient recovers from the influence of the anæsthetic. The longer the bandage is retained, the more extensive will be the adhesions. The adhesions are caused by the agglutination of folds of conjunctiva denuded of their epithelium by the operation. They should be separated with a probe daily, until their tendency to formation ceases. Reaction is to be combated with ice compresses, irrigations of boracic acid, and, if secretion be profuse, some one of the silver salts should be used, preferably argyrol in twenty per cent. solution.

Old cases of trachoma with cicatricial changes in the lids and pannus are best treated by linear scarifications, the pannus being combated by atropine and hot applications. This treatment sometimes gives very good results. If the palpebral aperture be much contracted, a free cantholysis is indicated and is of the greatest service. With the jequirity treatment of old non-vascular pannus I have had no experience, but when in these cases the cornea becomes ectatic (bulges), the operation of iridectomy often gives a good result, even when the intra-ocular tension does not seem to be increased.

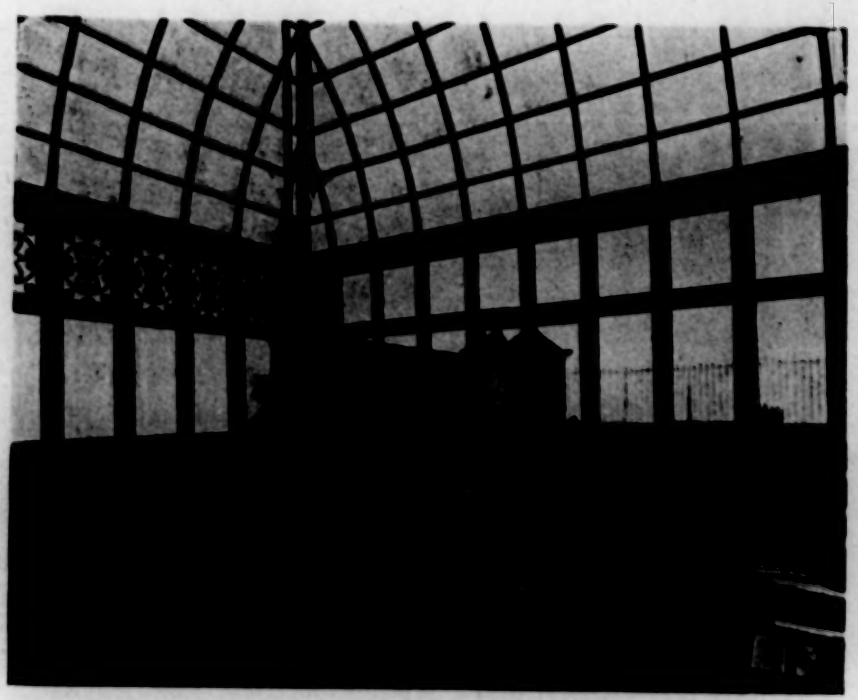
DESCRIPTION OF THE HEATING, LIGHTING, AND VENTILATION OF THE LYING-IN HOSPITAL, NEW YORK*

By LOUISE BURDETTE
Superintendent of Nurses

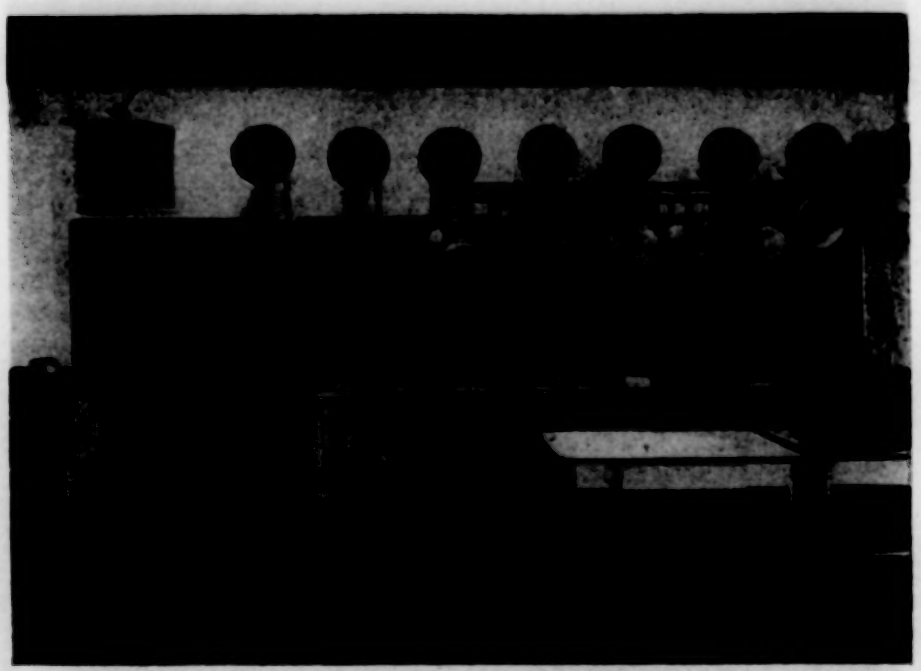
In modern hospital construction there are probably no greater problems to be solved than those of satisfactory light, heat, and ventilation, all of which are so essential to the welfare of patients who are brought together in a hospital ward.

* Read at the meeting of Superintendents of Training-Schools in Pittsburg, October, 1903.

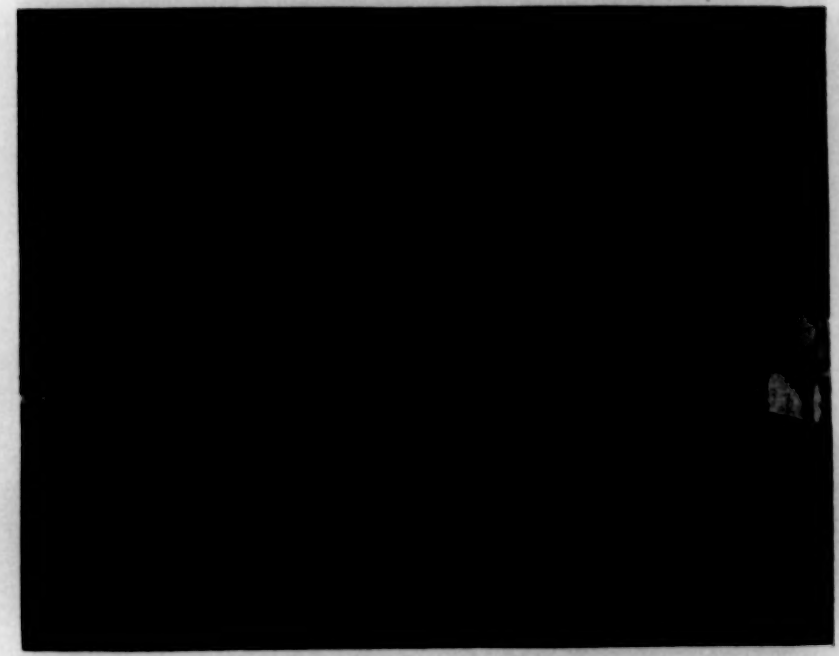
THE SOCIETY OF THE LYING-IN HOSPITAL, SECOND AVENUE, SEVENTEENTH AND EIGHTEENTH STREETS



THE SOLARIUM, LOCATED ON TOP OF HOSPITAL, WHERE CONVALESCENTS MAY SIT AND HAVE THE BENEFIT OF FRESH AIR AND SUNSHINE



KITCHEN, LOCATED ON TOP OF BUILDING



WARD, LOCATED ON EIGHTEENTH STREET SIDE, WITH A CAPACITY OF TWENTY BEDS, SHOWING CORRECTED STEEL SHADE FOR ELECTRIC LIGHTS

In ventilation we have confronting us at once the question of furnishing a constant supply of fresh air to the wards without causing draughts, at the same time having this air heated to a uniform temperature before it enters the wards. This problem is very satisfactorily solved at the Lying-In Hospital, as will be described in what follows.

Not less important is the question of keeping the hospital throughout at a uniform temperature so that all parts of the building, general wards, operating-rooms, patients' receiving-rooms, babies' wards, etc., do not vary, whatever the outside climatic conditions may be. This we have also solved by automatic heat-regulating apparatus.

It is also desirable, particularly in an obstetrical hospital, where every effort is used to prevent the possibility of infection to newly delivered patients, to do away with every uneven surface that would afford lodgement for dust or infective matter, and as radiators of any sort must necessarily be of great surface, such as coils of pipe, these in an open ward of the kind mentioned are objectionable. This defect is obviated by placing all radiators in the wards behind tight steel guards which are so constructed that the surface is perfectly smooth and affords no lodgement for dust or foreign matter, and greatly facilitates the cleaning of the ward.

It might be of interest to add at this point that the entire hospital construction is also such that no angles or abrupt surfaces afford lodgement for dust. At the junction of side and end walls and ceiling and floor are curves instead of angles. The tops of all instrument- and dressing-cases are sloping instead of at right angles. In all ward furniture this idea is also carried out, and this, when all furniture, walls, etc., are white enamel, makes dust easily seen and easily removable.

All plumbing is exposed to view. All sinks, toilets, and bath-rooms have the flushometer attachment, and in this is also carried out the idea of doing away with angles or crevices.

All ward window-shades are of water-proof canvas and are on the outside of windows. The seats of the water-closets are in the form of a ring of a white composition material which is enamelled and not attached to the bowl. This can be removed and immersed in a disinfecting solution and cleansed with ease.

In the lighting of the hospital wards, operating-rooms, etc., several new ideas have been worked out and may be of interest. The problem has always been to furnish light that is bright, yet so diffused that it does not shine directly into the eyes of the patients. Some form of portable light is also desirable where dressings have to be done at night. This should be of a kind so that a bright light can be directed where needed without disturbing others in the same ward. The Lying-In Hospital is

lighted throughout by electric incandescent lamps from power furnished by the electric plant in the hospital, which consists of three large dynamos and a storage battery of sixty cells. The advantage of the battery is that, during the night, light, elevators, and all electric appliances can be switched on the battery, thus doing away with all vibration from engines and dynamos, also saving labor and fuel.

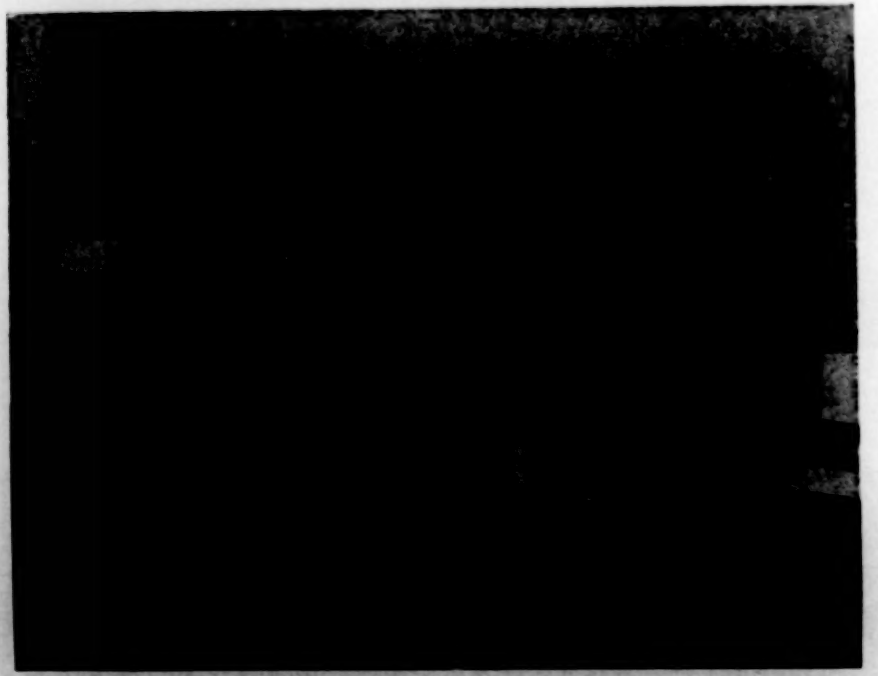
The question of furnishing the diffuse light for the wards without glare is met by placing the lights above a conical steel shade, so that the light is reflected upward against the white ceiling and diffused throughout the ward. This gives a light closely approximating sunlight and without glare. The ward lights are also regulated by dimmers, or an apparatus so arranged that the light can be diminished at will by the turning of a thumb-screw at the switchboard on the side-wall.

At the head of each ward bed there is a socket into which can be inserted a plug with a portable light which has also a steel shade which reflects the light in only one direction. This is used for light in doing dressings and giving night medication.

In the operating-room the light is regulated in the same manner, except that the shade of the chandelier is reversed so that a powerful direct light is thrown down over the operating-room table, and the portable light is arranged so that it stands about six feet high with a flexible gooseneck attachment that can be set at any angle and turned in any direction.

The air which goes to the hospital wards is drawn in through large air-ducts which go to the top of the hospital building. These towers contain a series of large, fine-meshed screens which act as filters, and the air is drawn in by large electrically driven fans. There are four motors located in the cellar forming a part of the ventilating plant, each used to turn a fan nine feet in diameter by five feet wide and driven by a motor of seventeen horse-power supplying air for two thousand five hundred square feet of heating surface. This when of uniform temperature is forced by four fans into various parts of the building.

There is also a system of electric fans, sixteen in number, for the purpose of drawing the foul air from the wards and rooms while a fresh supply is being forced in. There is no possibility, therefore, of any foul air remaining in the building, the supply being at all times absolutely pure and of uniform temperature. To maintain a uniform temperature, the radiators, concealed as before stated, are controlled automatically by thermostats, or a mechanism which by the action of the room temperature on a sensitive metal bar automatically turns on or shuts off the supply of steam to the radiators. These thermostats can be set at any temperature desired, are sensitive to slight temperature changes, and



WARD BED, SHOWING CRIB AT FOOT, BED TRAY, AND MOVABLE ELECTRIC LIGHT

perfectly control the temperature of the building. This is an important factor in a building which contains thirty-three thousand four hundred and sixty-two lineal feet of coil pipes and nine thousand six hundred square feet of radiators. There are forty tons of galvanized iron ducts for heating and ventilation, something like three miles in length. The available floor space in the building is about one hundred and forty thousand square feet.

The floors are made of a composition material called "lignolith," which is light and affords a smooth, hard, waterproof surface which can be easily cleaned.

The number of windows in the building are eleven hundred and fifty-nine, which at once suggests that some method for ease in cleaning would be desirable. This is arranged for by all windows being pivoted on a false frame so that they can be turned from within the wards and rooms and both sides cleaned from within. As no angles are present here, cleaning is greatly facilitated.

The kitchen and laundry are equipped with the newest electrical and steam appliances and are situated on the top floor, so that no odors pass through other parts of the building.

These few points regarding the Lying-In Hospital we trust will be of value to you. There is, of course, much more of interest in the construction and appliances for hospital use, as refrigerating and ice plant, crematory for refuse and soiled dressings, printing plant, disinfecting and sterilizing plant for patients' clothing, etc., but our limited space and time forbids further description at this time, so we offer the foregoing, hoping that from it some helpful points may be gleaned.

DOES THE TRAINING-SCHOOL DO ITS FULL DUTY?

By SUSAN BARD JOHNSON
Graduate Children's Hospital, Boston

If nursing be the art of personal service to the helpless, were it not well that the young women being trained in the practice of this art should be taught the importance of the acceptable rendering of that service?

There are women whose innate womanliness will prevent their ever being other than acceptable to those whom they serve; there are others, alas! who lack fineness of feeling and are hard and unsympathetic; but the large majority of young women have a latent capacity for dignified sympathy and unselfish tactfulness, which may be developed and cultivated in the training-school, or may be ignored and tacitly discouraged.

The demand for better nursing, for better nurses, is all about us, and because of this demand training-schools are doing manifestly better work; but I question if they are yet shouldering their full share of the burden.

Undoubtedly the most valuable quality a nurse can possess in private duty—next to correct surgical technique—is the quality of being acceptable to her patient. It is a regrettable fact that, over and over again, we have known the physician to say, "An excellent nurse, but the patient does not like her." And not infrequently he chooses the nurse whose personality he can trust, though her technique may be somewhat at fault, and he may so be called to keep a closer watch over the case.

But ought this to be so? The one necessary quality has been taught in the training-school; why not the other also?

Scientific accuracy, in broad principles and small details, is both admirable and necessary, and we have proved that woman is able to grasp the fact in theory and carry it out in practice; but no work which a woman does will be done in its fullest perfection unless done with a fine grace and sympathy that is the result of a fully developed and highly cultivated womanliness.

Dr. Weir Mitchell has said that the American woman has a wonderful power of self-development. The truth of this statement may be seen by the readiness with which she responds when the force of any training is brought to bear upon her. Hence, if a young woman graduates from a school of nursing without finely developed tact and sympathy, it is safe to say that at least part of the fault lies in her training.

We will all admit readily that womanliness in a broad sense is emphasized in the schools. Womanly reserve, the self-control which is the natural result of the discipline of hospital etiquette, common kindness—all these are insisted upon, greatly to the benefit of the pupil. What I am pleading for is the uncommon kindness, the long patience, the recognition of the sick one not only as a case or a patient, but as an individual, with a right to preferences and dislikes; the recognition, also, that the sick are sick in mind as well as body. Sick people need soothing and restraining with the same gentle firmness which we use towards children, and some undoubtedly need more restraining and more patience than others, the self-control and unselfishness, or the lack of it, shown in illness generally being in proportion to that exhibited in daily life. But for a nurse to dub her patient "fussy," to make the sick one, who for the time is as helpless and as dependent upon her as an infant, feel that she is a nuisance, or is despised by her nurse, this, no matter how great the provocation may be, is conduct unbecoming a woman.

Fine feelings with quick sympathies and good executive ability are sometimes, but rarely, found in one individual. When a woman is so endowed she is a queen among her compeers; she rules and is beloved and valued by all who come within the circle of her influence. The average woman possesses the one quality but not the other, or, rather, the other is dormant and needs to be developed and cultivated.

The woman with executive ability proves more acceptable in the hospital ward, the woman with quick sympathies in private duty. But the latter must first have her hospital training, and if she wins it, it will be through much greater difficulty than her more phlegmatic sister experiences. Because of her finely strung nature the hard things of hospital life are doubly hard for her; and if she tries to fulfil her own ideal of what a nurse should be, she is in all probability told that she is "spoiling" her patients. She is also hampered by the consciousness that she is lacking in executive ability, and yet she is not taught how to acquire this so necessary attainment. The hospital authorities probably tell her to be more like Miss Smith, and she is silent, as it is not possible to tell them that she would not be like Miss Smith for anything they could offer her. She knows that Miss Smith has excellent executive ability, that her work is always done on time, her ward always in good order, and her patients so well trained that they ask for nothing which is unnecessary—and that last is an important point in gaining time for making necessary surgical supplies. Still, though in some respects she covets—and covets earnestly—Miss Smith's capability, she would not choose to be a nurse whom the patients do not love.

When Miss Jones comes back from her hours off duty to relieve Miss Smith she is at once beset by requests from all sides which have actually been waiting her return—requests to refill the hot-water bag, which has become cold, to turn the heated pillow, to bring the drink of cold water that the feverish lips have been longing to taste, to change the cramped position that has become so wearisome, and to give the bedpan.

They are such simple things she is asked to do, and yet all things which mean so much in nice nursing, the nursing which is required of the graduate from a good school. Yet they do take time, and when Miss Smith returns she will think, if not say, that Miss Jones has been wasting time "fussing" over the patients.

If Miss Jones has a good sense of proportion, she will work out her own salvation. She will deny requests cheerfully when she cannot grant them, making it evident that it is lack of time, not lack of will, which leads her to do so; and she will probably get through the school appreciated for her quick intelligence and insight, though her ward work will

never be what she would wish it herself, or quite up to the hospital standard.

If her sense of proportion is lacking, one of two things is likely to happen: She will perhaps decide that to do the things she would like to do for her patients, the things she would wish done for herself in similar case, is impossible, and must be unnecessary, as the authorities lay no stress upon them and do not seem to allow time for them. She will deliberately shut up her sympathies, and simply try to get through the work with what credit she can to herself. Probably her sympathies will atrophy from lack of use, and she will lose her natural gift without gaining much proficiency in those qualities with which she was not gifted, and so will turn out a commonplace nurse and woman.

Or, on the other hand, she will try her utmost to do all that is required of her and all that she feels is obligatory upon a nurse, and will be dismissed as not physically strong enough or as unfit for hospital work.

Am I wrong in thinking that in this way some good women are lost to the profession?

Of course, if the aim of the hospital is, for economical reasons, to have as few nurses as possible on duty and to get through a given amount of work in the quickest possible time, the grace of the doing and the little things must be largely eliminated. The hospital can justify itself, because, even so, the patients are probably twice as well cared for as they would be at home.

The injustice falls largely on the nurse, who is expected to show in private duty, as soon as she graduates, not only scientific accuracy, but a thoughtful consideration for the preferences of her patient, a graceful and tactful attention to detail which, as a matter of fact, she has had very little opportunity to put into practice for the past three years, though she has doubtless been instructed in the theory.

In Miss Davidson's paper in a recent number of the JOURNAL we recognize as unfortunately true the faults she points out in the private nurse. Doubtless the faults are somewhat those of character, but the onus lies partly on the training-school.

Character, the great gift of all, may be trained and developed, as well as the lesser gifts—the manual dexterity, the quick perception, and the level head—which go to the making up of a good nurse. In justice, whatever is required of the private nurse should not only be inculcated by the training-school, but, so far as is possible, room should be allowed for its actual practice, so that, like bedmaking, it may become a second nature.

To repeat what has been said above, undoubtedly the most valuable

quality a nurse can possess in private duty—next to correct surgical technique—is the quality of being acceptable to her patient.

The quality of being personally acceptable in all relations, not only in the ordinary, but in the extraordinary, in trying, arduous, wearisome relations—this is the trump-card of success in the hand of the private nurse. Because of it she will be invaluable to both doctor and patient. If the hospital is fitting the nurse for private duty, this so important a factor in her equipment should not be overlooked. Its value should be pointed out to the nurse and emphasized in every possible way. Every opportunity should be taken to cultivate those elements of character—the power of putting oneself in another's place, the gracious unselfishness in little things, and the delicate Christian courtesy—which, united, give the quality of personal charm.

Let us hope that the training-schools of the future will teach the art of personal service to the helpless in its fulness and completeness. Then will be solved many difficulties in the sphere of life in which nursing bears so large a part.

DESCRIPTION OF APPLIANCES EXHIBITED AT THE CONVENTION OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES, HELD IN PITTSBURG, OCTOBER, 1903

NEW YORK HOSPITAL

The following excellent description of the electric pad, the use of which was demonstrated at the Western Pennsylvania Hospital, was found in a recent issue of The American Journal of Nursing:

"Heat by Electricity—The Mechanism and Operation of an Electric Heating-Pad.—In hospitals, institutions, and homes supplied with electricity an electric device is fast supplanting the hot-water bag, hot-water bottle, hot cloths, and other means of applying heat locally to the body. This device is in the shape of a pad, varying in size and accordingly in price, the latter ranging from six to thirteen dollars. The purchase price, however, practically covers the entire expense, as the cost of operating is trifling and as, with care, the pad remains in good order for an indefinite period of time. All that is necessary for the operation of the electrical heating-pads is an electrical current with a standard voltage up to 120 and a regulation fixture.

"The pad itself consists of a spiral made by yards and yards of infinitely fine wire about a long and very narrow strip of asbestos. This spiral is in turn enveloped in asbestos and, thus isolated, is stitched back and forth to the inside of a muslin bag. The pad, now in shape, goes into a water-proof covering, which protects the wire from perspiration from the patient's body. Then comes a wrapping of lamb's wool, which forms the outside of the pad. The conductor

cord is supplied with a plug for connecting, through the lamp-socket, with either a direct or an alternating circuit and with a switch, which is within easy reach of the patient. By means of this switch a patient can easily regulate the current, which can maintain, in the lamb's wool covering, a maximum temperature of 180.

"The infinite advantage of these electrical heating-pads over more crude devices for applying heat in such cases as pleurisy, neuralgia, and neurasthenia is evident. One has a soft, light, flexible pad less than three-fourths of an inch thick, which can easily be applied to the site of pain and maintained there indefinitely with little or no inconvenience or disturbance to the patient.

"The New York Hospital was one of the first to adapt its electric plant to this use, but this mode of applying heat is now found widely established in hospitals and sanatoria.

"J. C., Class of 1903, New York Hospital."

On the same plan is a larger pad which is used for heating the beds of surgical patients. It is made the same length as the bed and put in when the patient is taken to the operating-room, so that when he returns the bed is thoroughly warm. If he is suffering from shock, the pad may be put over him for a time outside one of the blankets and will add very little more weight, while greatly increasing the heat.

If moist heat is desired, a flannel may be wrung out of hot water, covered with rubber sheeting or oiled muslin, and the electric pad applied over this. This will be found much more comfortable and agreeable for the patient than a flaxseed poultice, as well as being more effectual.

The croup kettle, which used to be such a source of anxiety to the nurse because it must stand over an alcohol or gas flame close to the bed, is now robbed of its danger, for it is kept hot on a small electric stove. Stuping flannels or any hot application can be kept at the desired temperature at the bedside of the patient by means of the same apparatus. An instrument and water sterilizer heated by electricity has been used very successfully in the wards. The blankets and gowns used for the patients in the operating-room are kept in a cupboard which has an electric coil under the shelf so that they may be always warm and ready for use.

A very convenient arrangement for heating towels during an operation has been introduced into the operating-room. The towels, wrung out of sterile water or bichloride solution, are placed in a basin having a perforated bottom. This fits closely over another basin filled with sterile water and the whole stands on an electric stove. The steam passing through the perforations in the upper basin keeps the towels or abdominal pads hot, so that they are always ready when called for by the surgeon.

The electric drop-light has done away entirely with the use of

candles or lanterns in working over the patients at night. It overcomes the danger of setting fire to the bedding, can be so closely shaded that patients in adjoining beds are not disturbed by it, and has been arranged with a trolley running along the ceiling, so that, after it is attached, it can very easily be moved from bed to bed for the entire length of the ward.

Rauschenberg's formaldehyde deodorizer was originally designed for the New York Hospital, and is used constantly as a deodorizer and disinfectant. In the latter case it is useful and convenient, especially

Rauschenberg's Formaldehyde Deodorizer

for small closets and in air-tight instrument- and dressing-cabinets. It does not, of course, generate sufficient gas to disinfect a large area.

The chemistry of the lamp is very simple. The asbestos converter is impregnated with a preparation of platinum which helps to separate the atoms of alcohol. The alcohol as it comes in contact with the hot converter is vaporized and gives up two atoms of its hydrogen, which changes it from methyl alcohol CH_4O to formaldehyde gas CH_2O. The directions are as follows:

"DIRECTIONS.

"Fill the lamp about three-quarters full of wood alcohol (methyl alcohol), screw on the burner, and be sure that the cotton-wick, which goes into the lamp, extends above the brass wick-holder about three-eighths of an inch when the wick is turned up full.

"Then turn down the wick and be sure that it goes at least one-eighth of an inch below the top of the brass wick-holder.

"Hold the asbestos converter by the brass band at the bottom and slide it over the brass wick-holder, pressing it down as far as it will go. (Be careful not to take hold of the asbestos, as it will be liable to loosen it from the brass band at its base.)

"Then turn up the wick in the lamp until it meets and presses against the bottom of the asbestos.

"In about one minute the asbestos will have absorbed enough alcohol to be in working order, and as soon as it will burn light it at the base.

"Let it burn until incandescent spots appear on at least half of the converter, then blow out the flame, place the tin chimney in position, turn the mica-covered opening towards the flat side of the wick, and the converter will continue to generate formaldehyde gas while the incandescent spots appear upon it, until the alcohol is consumed or the cotton-wick turned down.

"To stop the generation of gas turn down the cotton-wick holder, which will break contact with the asbestos, stopping the supply of alcohol, and in a few minutes the converter will cease working.

"Be sure always to leave the wick turned down when the lamp is not in use, otherwise the converter will become thoroughly saturated with alcohol, and the results will not be so satisfactory.

"The small guide-bar on the rod, which raises and lowers the cotton-wick, will prevent the wick from being turned down into the lamp, and will also prevent its being turned up too high.

"After the wick is once adjusted, as explained above, the small guide-bar will denote when the wick is up and when it is down to its proper position."

The formaldehyde is irritating to the mucous membranes, but this may be overcome by placing a little menthol on the converter or in the alcohol. A little ammonia sprinkled around removes the excess of gas. In spite of its irritating effect upon the mucous membrane, it is nevertheless very efficacious in cases of coryza.

HYPODERMOCLYSIS AND SALINE INFUSION IN THE PRESBYTERIAN HOSPITAL, NEW YORK*

HYPODERMOCLYSIS and saline infusion are frequently given in the wards of the Presbyterian Hospital, the former somewhat oftener than the latter, principally because it requires less skill, disturbs the patients less, can be repeated with greater frequency, is slower in acting and more lasting in its effects, and is liable to fewer accidents. Infusion is employed almost exclusively in collapse during and after anæsthesia and

*Demonstration given by the Presbyterian Hospital Training-School for Nurses at the Convention of the Society of Superintendents in Pittsburg, October, 1903.

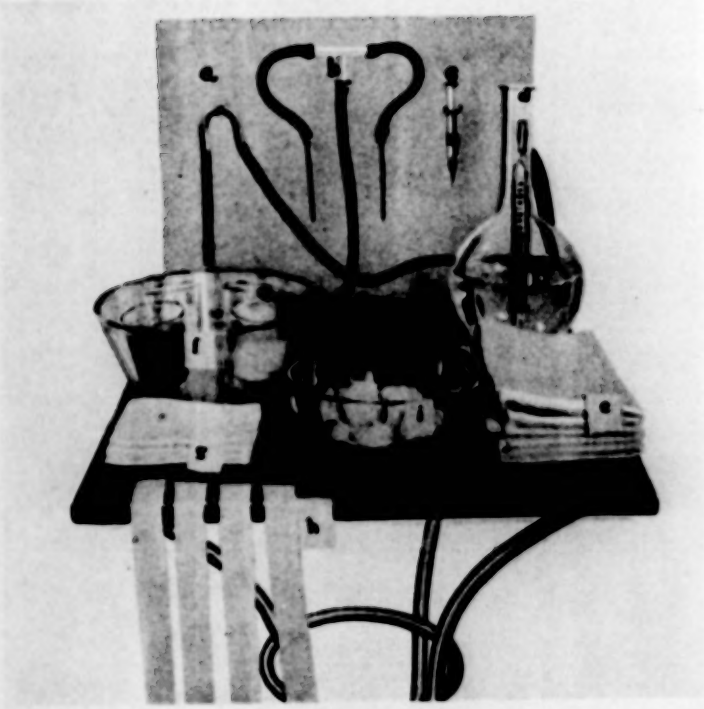


FIG. 1.—APPARATUS NECESSARY FOR HYPODERMOCLYSIS

FIG. 2.—GIVING HYPODERMOCLYSIS AS PREPARED FOR TWO PATIENTS, USING STAND

FIG. 3.—STAND ARRANGED FOR AN INFUSION

gas poisoning, insolation, uræmia, and as a last resort in cardiac disease; while hypodermoclysis is applied to these and to any case of extreme prostration and collapse such as may occur in typhoid fever, pneumonia, etc. It is often repeated at six-hour intervals, and as many as eleven applications have been given to one patient in the course of five days.

The apparatus is constantly in readiness for immediate use. In one sterile package are the rubber tubing, tube-carrier, "T" tube, needles (medium-sized aspiration needles are used), towels, dressings, and thermometer. The salt solution is kept heated to about 120° F. in sterile flasks in especially arranged cabinets with thermometers attached. In sealing the flasks, besides the ordinary plug of sterile cotton in the neck, sterile gauze is placed over the mouth of the flask and carried three inches down the neck on the outside to keep it from contact with the hands and non-sterile objects. The "scrub-up" tray, a sterile glass dish with four small glasses containing respectively green soap, ether, alcohol, and bichloride and several sterile gauze sponges, is prepared in each ward. (Fig. 1.)

FIGURE 1.—APPARATUS NECESSARY FOR HYPODERMOCLYSIS.

a, tube-carrier; nickel-plated fitting over top of d; with six feet rubber tube.

b, T-shaped glass tube admitting the use of two needles.

c, hypodermic syringe with two per cent. cocaine.

d, flask of fifteen hundred cubic centimetres capacity with bath thermometer holding steriline salt solution, nine per cent.

e, three sterile towels for isolating field of operation.

f, "scrub-up basin" containing gauze sponges, green soap, ether, alcohol, and bichloride.

g, sterile dressings.

h, adhesive strips (not sterile).

i, basin for holding sponges as used.

The procedure is as follows: A sterile table is prepared with the apparatus as depicted in Figure 1, with the exception of adhesive, and placed at the side of the patient's bed. The physician sterilizes his hands by scrubbing with green soap and water and immersing in 1 in 1000 bichloride. He isolates the region in which the clysis is to be given by spreading sterile towels, and cleans it by scrubbing with green soap followed by ether, alcohol, and bichloride, finally wiping it dry. The region is selected with regard to the looseness of the tissues and the site of the disease, beneath the breast or in the posterior fold of the axilla in abdominal affections, in the flanks midway between free border of ribs and crest of the ilium in thoracic, being usually chosen. However,

the thighs or gluteal region may be used if necessary. The temperature of the water in the flask having been brought down to 116 to 118° by the addition of cold sterile salt solution, the operator inserts the tube-carrier and tube, which has a small piece of glass in the end to act as a plummet, into the flask, and the nurse places it upon the shelf or at top of the bed or upon a high stand.

The tube-carrier consists of a V-shaped piece of metal, nickel-plated, forming a groove in which the rubber tube may rest and not kink or slip out of the flask. In order to start the siphonage the operator strips down the tube as in removing a test meal, thus drawing the solution to the top of the flask. While he cocainizes the places where he intends to insert his needles, the flow is controlled or stopped by the nurse's pinching the tube. Finally the needles are inserted on either side of the body while the solution is flowing. From five hundred to one thousand cubic centimetres and even twelve hundred at times are allowed to flow into the tissues, changing the position of the needles from time to time, without withdrawing them, to prevent overdistention or slough when a large hypodermoclysis is given into resistant tissues.

When the required amount has been introduced the needles are withdrawn and a sterile compress placed over each needle puncture and retained with adhesive strips.

The apparatus is then taken to pieces, boiled with the exception of the thermometer and the hypodermic syringe, which are disinfected by using carbolic acid, five per cent., and dried,—the needles by repeatedly wiping the wire passed through them with sterile gauze, the tubing by pulling it out and wiping with sterile towels,—then wrapped up ready for another case. (Fig. 2.)

During the summer months many isolation cases are admitted to the hospital, and the need for an apparatus to give clysis and infusion rapidly and to a number of patients simultaneously was met by arranging for double siphonage.

In giving a clysis to two patients a large flask is used fitted with a stopper through which pass two glass outlet tubes and an inlet tube. To each of the outlet tubes is attached a clysis apparatus, without the tube-carrier, however, as the outlet tubes are bent to render this unnecessary. Such a flask is in use in Figure 2, the nurse holding the extra tubes and needles. This arrangement is necessarily used only in rare instances, such as during an insolation epidemic, but it is of considerable utility, and the principle can be extended to giving three or four or even more at the same time.

The stand shown in Figure 2, devised by Miss A. S. Bussell, head nurse of the accident ward, for operating-room use, is made of white

enamelled steel with three shelves. The upper, adjustable in height, holds one large flask or two smaller ones and takes the place of the shelf on the ward beds; the middle shelf holds sterile supplies and takes the place of the sterile table, while the lowest shelf is for non-sterile supplies. The stand is easily moved from place to place, easily cleaned, adjustable, and very convenient.

In the giving of an infusion in the Presbyterian Hospital similar disposition is made of flasks and tubing, sterile and non-sterile materials. The instruments are likewise kept ready, sterile. The sterilization of hands and operating-field is similar, but the saline is introduced, of course, into one of the veins of the arm. Figure 3 shows the stand arranged for an infusion and the physician in the attitude of giving it.

ICE POULTICE

Ice poultices are often preferable to ice-bags for two reasons: because they can be made to fit to any surface of the body and a higher degree of cold can be produced. In cases of tonsillitis or other inflammation of the throat they are to be especially commended. The poultice is made of two-thirds ice, one-third linseed, and a fair amount of salt. The coverings are made by using oiled muslin and adhesive plaster.

There are two envelopes, or bags, one smaller than the other, made of the oiled muslin and cut the desired shape, four pieces in all. The edges of two pieces are carefully bound together (excepting at one end) with adhesive about one inch wide.

The smaller, or inner bag, is then filled with the poultice material and slipped inside the larger, after which the ends are fastened with adhesive plaster and the poultice is complete.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON
Graduate Post-Graduate Hospital, New York

(Continued from page 275)

We were not sent into this world to spend our days seeking for amusements, but without doubt the intention of the Almighty is that we gladly take hold of the pleasures which stray across our pathway and weave them into the leaves of our life's history, so as to form bright touches of color against the sombre background of our daily lives.

Have you ever heard of "preventive medicines"? There are many varieties, such as fresh air, sunlight, cold water, rest, etc., but one of the most useful and least understood is recreation, or—for it means the same thing—relaxation.

Not only will "all work and no play make Jack a dull boy," but it goes still further, and in time makes Jack's mother a sick woman.

Statistics—those dry revealers of a country's welfare—tell us that our insane asylums draw a large supply of their gruesome inmates from the wives of farmers, who literally lose their minds from the want of exercising them. Their lives are an incessant routine of work,—early to bed, early to rise, with a monotonous day of hard work sandwiched between,—and no social pleasures to lighten the pathway.

I was told this summer by a Western lady of her trying experience out on the prairies. Shortly after their marriage her husband decided to try farming, their location being miles away from any neighbor. In the winter for several weeks the husband was absent, and the wife candidly said the only thing that kept her from going mad in her lonely solitude, with all the work of the ranch on her hands, was the inspiration to dress up in the evenings in her old party gowns and make believe she was entertaining company. She sang, talked, and recited to the kitchen walls, and peopled the lonely farmhouse with the happy memories of bygone pleasures.

Recreation is of as equal importance in the home life as work and rest. Many mothers consider their play hours are over when they reach the shady side of forty, but they were never more mistaken. The woman who is capable of and makes time to share the pleasures, as well as the cares and duties, of her husband and children will never lose her place as queen of the household.

As the cares of life press heavily on our shoulders, a greater need is created for relaxation of mind and body. Do we not all sympathize with that interesting woman, "Mrs. Wiggs of the Cabbage Patch," in her longings to go to the circus "just once," so as to bring a little gleam of pleasure, "like other folks have," into her tired, work-worn heart?

In the every-day home life routine is unavoidable. The same struggle to get up in the morning, same hurry in dressing, same old questions, "What shall we eat? what shall we drink? and wherewithal shall we be clothed?" until the poor, tired home mother looks with envy on the lilies of the field in their happy, care-free existence.

A break must come; let it be the breaking away from work rather than the break-down of health.

Some misguided people in the days of our forefathers thought it downright wicked to steal a few moments from the round of household cares to read the latest book, play with the little ones, talk nonsense with a caller, take a walk for the sake of walking, or, in fact, do any of the hundred and one little, frivolous things that are such breathing-spaces in the whirl of life.

Within the routine of home life dwells eternal beauties if we would only take time to peep at them through the veil of laughter, which in itself is a tonic of supreme importance.

Ill-health and laughter are seldom linked together. Allow yourself to become enthusiastic occasionally, do not be chary of your smiles and laughter, take time to cultivate the social side of your nature, and away will go that pale, listless creature who drags around the house as if the world were resting on her shoulders.

To keep young—every woman's secret desire—one must be cheerful, and to be cheerful one must have recreation.

One of the nicest forms of recreation is entertaining our friends. I don't for a moment advocate big receptions, teas, or dinners, which take days of planning and arrangement, and leave the home mother with but one comfort in her exhausted condition, "Thank goodness, that's over!"

Every family has a circle of friends who are on a sufficiently intimate footing to drop in for lunch or home dinner on a short invitation, accepting it as a compliment to be ushered into the family meal without the fuss of extra preparation.

The home mother especially enjoys such a guest, as she is enabled to devote her thoughts to the pleasant social talk, without an undercurrent of worry in regard to the meal; that is, if she is the right kind of a home mother; one who recognizes the fact that a meal neatly served and well cooked is an everyday necessity to the family, and, therefore, no matter how simple it may be, there is nothing about it to be ashamed of in inviting a guest to partake.

There is another side, however. Many households are conducted in such a slipshod fashion, with the thought uppermost, "anything is good enough for the family," that when an unexpected visitor drops in consternation reigns supreme, and the guest is overwhelmed with apologies.

A foreign writer states that "America is learning at last the benefit of amusements as a means of keeping up the strength of the individual and prolonging the span of life," and every home mother should take this to heart, for she influences the lives of all around her, and through them reaches out to the "stranger outside her gate." Like true charity, a mother's work begins at home, but never stops there; so much the more does she require to grasp all the possibilities, small as well as great, that may tend to enrich her own life.

"Self-reverence, self-knowledge, self-control,—
These three alone lead life to sovereign power."

(To be continued.)

SAINT MARTHA'S HOUSE IN PHILADELPHIA

By SARAH BROWN WILCOX
The Johns Hopkins Hospital School for Nurses, Class of 1900

SAINT MARTHA'S HOUSE is an anonymously endowed church settlement house opened on All Saints' Day, 1901, in the extreme southern part of Philadelphia, with the Rt. Rev. Ozi W. Whitaker, D.D., Bishop of Pennsylvania, as trustee. The work is supported by voluntary contribution. The object of the house is to educate and elevate the people of the neighborhood, who are mostly American born, and are intelligent, teachable, and appreciative. No charity is given, but all clubs and classes pay dues and contribute a small amount towards the support of the house. A deaconess, Miss Jean W. Colesbury, was placed in charge, and her attractive personality and remarkable success in winning the people of the neighborhood soon drew about her other workers besides the two deaconesses sent to her in the beginning, and added other departments of work, all having the same end in view.

The house itself was originally two small mechanics' houses at the corner of Snyder Avenue and Eighth Street. They were connected, put in repair, and made as attractive and convenient as possible for their future use. The store under the corner house was converted into a good-sized and cosey lecture-room, which is used for meetings of the Boys' Club, the Mothers' Domestic Circle, and the Girls' Club, and for lectures and classes of many kinds. In the mornings, since April, 1902, children from three to five years old fill the kindergarten held here to overflowing. It is also the home of a much-appreciated library, which had one hundred and fifty children subscribers on the day it first opened. The children as well as their parents come here to invest in the Starr Saving Fund, of which we have one of the largest branches in Philadelphia. In the neat kitchen back of the assembly-room the girls' cooking-classes are held, and just outside the door a filtered ice-water fountain supplies pure, cold water to hundreds of passers-by daily. In the second house are reception- and dining-rooms and kitchen. On the upper floors of the houses are the sleeping-rooms for the workers, while over both houses the roof-garden, with its awnings, vines, and bright flowers, forms an attractive landmark and a cool retreat on hot evenings.

In February, 1903, Miss Edith Madeira came to live in the house and began to pay nursing visits to the sick in the neighborhood who were under the care of a physician. At the end of two months she had the salary for a second nurse pledged for six months and enough patients to keep both busy, and the work has gone on steadily increasing until there are few

physicians in the district who have not had at least one patient cared for by the St. Martha's nurses, and there are few streets where their brisk steps and their nursing bag are not familiar sights. At the end of six months twelve hundred and thirty-three nursing visits had been paid to one hundred and fifty-six patients and two hundred dollars and twenty-six cents had been received. The small fee, regulated by the ability of the family to pay (and many families are very poor), preserves the self-respect of the people. We find constant opportunity to teach lessons in hygiene, household economy, cooking, and home nursing to the family as we care for our patients. Our work as teachers has been greatly assisted during the vacation months by weekly lecture on hygiene, given under the management of the Board of Health by prominent doctors. The attendance has been very good and the interest and profit of the people great.

A small loan closet has been started and plans are already being made for classes in bedmaking and simple care of the sick. The widow of one patient, though left with six small children to support, gave money to buy a bed-rest to be loaned to other patients as a memorial to her husband.

The work the nurses are able to do in preventing suffering is of no less importance than the relief which their ministrations bring the sick. Limping children are taken to the hospitals for treatment and braces, contagious cases are often detected before the parents notice that the children are ailing, and the work of the Board of Health is aided by our reporting houses in need of fumigation.

In July the Philadelphia *Press* opened a station for the sale of Pasteurized modified milk for sick babies on the plan of the Straus milk depots in New York. In August Miss Madeira opened one of its sub-stations at St. Martha's House, which already has the largest sales of milk of any sub-station in Philadelphia, and several little lives have been saved by this much-needed blessing to working mothers.

True to our Johns Hopkins training in hydrotherapy, we teach oftener than anything else how both the sick and the well obtain inestimable benefit from the daily cleansing bath and from drinking pure water freely. The St. Martha's nurses' watchword is "cleanliness," that virtue which prepares the way for and is next to Godliness, the end and aim of all true education and elevation.

HOME ECONOMICS

BY ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 287)

IX. A DAY'S RATIONS

MRS. ABEL has a little fable in the "Rumford Kitchen Leaflets" which illustrates excellently the relation of knowledge to taste in the matter of food.

King Palate is represented as absolute ruler of a vast kingdom, paying as little heed to law as such kings are prone to do. After years of undisturbed peace enemies were discovered lurking in the kingdom, such as Indigestion, Dyspepsia, and others of their kin. The wise men of the realm tried in vain to drive these imps away. Daily they grew more powerful and more bold, until at length a young man named Knowledge appeared, who was able to hold them in check. Without pretence to the throne, or attempt at usurpation, he gave wise counsel to King Palate. This monarch did not always give heed to the counsel, but whenever he failed to do so the imps became so troublesome that he was forced to ask advice. At last Knowledge was made Prime Minister, and King and Minister, working together, succeeded in subduing the enemies, with a fair prospect of soon driving them from the kingdom altogether.

Now, it is quite true, as the king in the story said, that Knowledge is "always weighing and considering," and has "even been known to change his mind," but we can no longer afford to live without such help. Experimental science, building upon the experience of the ages, is giving us the means of solving many a difficult problem, and is making possible healthier, happier life than was within our reach before.

One of the many perplexing questions in regard to food is the amount necessary to supply our daily needs under different conditions of age, climate, and activity. This amount constitutes what is called a standard dietary. These dietaries are sometimes called experimental, or statistical, according to the method used in formulating them. An experimental dietary is the result of careful observations under determined conditions of the effect of different proportions of food nutrients upon the individual. The statistical dietary is the outcome of the study of the actual ration of large numbers of people.

Each of these has its drawbacks. In the first case it is difficult to decide how far the result is due to individual idiosyncrasy, and a large

number of experiments must be tried before the personal factor can be eliminated. In the second case it is hard to determine whether some variation in the diet might not produce better results. From a careful comparison of dietaries made up in these two ways certain standards have been determined upon. The American standards vary in some important points, notably in the amount of fat used, from those of Europe. Some of these dietaries are given here:

STANDARD DIETARIES.

	Proteid, grammes.	Fat, grammes.	Carbohydrate grammes.	Total grammes.	Calories.
Voit.					
Woman at moderate work (German)	92	44	400	536	2425
Man at moderate work (German)	118	56	500	674	3055
Man at hard work (German)	145	100	450	695	3370
Playfair.					
Man with moderate exercise (English)	119	51	531	701	3140
Active laborer (English)	156	71	568	795	3630
Hard-worked laborer (English)	185	71	568	824	3750
Atwater.					
Woman with light exercise (American)	80	80	300	460	2300
Man with light exercise (American)	100	100	360	560	2815
Man at moderate work (American)	125	125	450	700	3520
Man at hard work (American)	150	150	500	800	4060

There are twenty-eight and thirty-four hundredths grammes (28.34) in one ounce. A man at moderate work requires, therefore, according to the American standard, about four and one-half ounces of proteid, four and one-half ounces of fat, and nearly a pound of carbohydrate daily.

If meat be supplied containing eighteen per cent. of proteid (a fair average), a little more than a pound and a half will be required to furnish the necessary proteid, provided it is all obtained from the meat. Bread contains about nine per cent. of proteid, and it would require three pounds to furnish the same amount yielded by the pound and a half of meat. Nearly two pounds and a half of eggs (13.1 per cent. proteid), or about twenty, would be required to give the same amount of proteid as the pound and a half of meat or the three pounds of bread.

The three pounds of bread would furnish also more than a pound and a half of carbohydrates, a great excess over the required amount.

The meat would vary in fat, but, estimating the per cent. as twenty,

the pound and a half would yield four and eight-tenths ounces (4.8)—more than would be required for the day.

The quantities used of these different foods must be so adjusted that the nutrients will be in approximately the right proportions. The amounts given below include only a few of the most common foods, but they serve to show the method of calculation of the dietary, and to afford a basis of comparison for more elaborate menus. The composition of the various foods is taken from Professor Atwater's tables:

COMPOSITION OF SOME COMMON FOODS.

	Proteid, ounces.	Fat, ounces.	Carbohydrate, ounces.	Calories.
Beef (loin)	18.5	20.2	..	1190
Bread	9.1	1.6	53.3	1225
Potatoes	1.8	.1	14.7	310
Oatmeal	16.1	7.2	67.5	1860
Rice	8.	.3	79.	1630
Milk	3.3	4.	5.	325
Sugar	..	..	100.	1860
Butter	1.	85.	..	3605

Assuming the composition of the food used to be that of the given analyses, the amounts in the following table would yield very nearly the required amount of proteid, carbohydrate, and fat, and the requisite number of calories:

	Proteid, ounces.	Fat, ounces.	Carbohydrate, ounces.	Calories.
Meat, three-fourths pound	2.22	2.4	..	918
Bread, one pound	1.46	.26	8.52	1225
Potatoes, one pound (two large potatoes)	.31	.01	2.35	310
Oatmeal, one ounce	.16	.07	.68	116
Rice, two ounces	.16	..	1.58	204
Milk, one-half pound (one cup)	.26	.32	.4	163
Sugar, two and one-half ounces	..	..	2.5	290
Butter, one and one-half ounces	.01	1.28	..	338
Totals	4.58	4.34	16.03	3564

(To be continued.)

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON

HAPPINESS. ESSAYS ON THE MEANING OF LIFE. By Carl Hilty. The Macmillan Co., New York.

Among the books of the year worth reading—although, alas for popular taste! we do not find it in the list with those that have had phenomenal sales—is Professor Carl Hilty's "Happiness," translated into English by Francis Peabody, professor of Christian morals, Harvard University.

Mr. Peabody in his preface commends the book to those who are perplexed to know what to make of the facts of life, and to those who demand an interpretation of the conditions existing in the world, where "the art of life is lost in the pace of living." He apologizes for liberties which he found necessary to take in translation—"sifting of phrases" and "rupture of German sentences." To the reader the apology seems quite unnecessary, for all through the book one has the feeling of listening to the very utterance of the author, and the usual sense of loss due to translation is, happily, quite wanting. The essays, seven in all, might well be taken for a rule of life. If it seems a long rule,—a hundred and forty-nine pages,—read it and see what you may dare to leave out. If you really desire happiness, you must honestly accept the entire formula.

Mr. Peabody says of the essays, "They are the 'Meditations' of Marcus Aurelius, told in the language of modern life; the 'Imitation of Christ,' expressed with the academic reserve of a modern gentleman." After you have read them you feel that Mr. Peabody was over moderate in his praise. The first essay, on the "Art of Work," makes short work of our various excuses for not doing more and better work, and confronts us with the accusation of laziness, which the author declares is the original sin. He does not leave us without the remedy, and after a glance at his own production we conclude that he knows practically whereof he speaks.

"Life is not given man to enjoy, but, so far as may be, to use effectively. One who does not recognize this has already lost his spiritual health. Indeed, it is not possible for him to retain even his physical health as he might under conditions of natural activity and reasonable ways of living."

In the second essay, "How to Fight the Battle of Life," he quotes largely from the Russian General von Klinger, and as in the first essay we are told that we cannot attain to the blessedness of rest without first honestly working until we know fatigue, so this second one introduces a paradox: he who "would overcome the world, must give up thinking of what people call happiness, and must with all his might, without indirectness, or fear, or self-seeking, simply do his duty." "'Most men of principle need not succeed. Success is necessary only to schemers.' Real success in life, then, the attainment of the highest human perfection and of true and fruitful activity, necessarily and repeatedly involves outward failure."

The third essay, "Good Habits," insists on the necessity of positive action rather than negative, as acquiring fearlessness rather than conquering cowardice,

etc. "It is much easier in the inner life, as in the outer, to attack positively than to repel defensively." And "at any cost, and even for the sake of one's own soul, one must make it his habit to cultivate love for others, not first of all inquiring whether they deserve that love or not—a question which is often too hard to answer." "One who loves is always, though unconsciously, wiser than one who does not."

The essay on the "Art of Saving Time" is very practical. "The best way of all to have time is to have the habit of regular work, not to work by fits and starts, but in the definite hours of the day,—though not of the night,—and to work six days in the week, not five and not seven. To turn night into day or Sunday into a workday is the best way to have neither time nor capacity for work." "The true spirit of work, which has no time for the superfluities, but time enough for what is right and true, grows best in the soil of that philosophy which sees one's work extending into the infinite world, and one's life on earth as but one part of life itself. Then one gets strength to do his highest tasks, and patience among the grave difficulties and hinderances which confront him both within himself and in the times in which he lives."

In the sixth essay, "Happiness," while warning us against that pessimism that bids us believe that everything and everyone, ourselves included, are bad, he yet in the most uncompromising manner shows us that those things which we consider good will not bring us happiness. All the wealth in the world, if it were ours, could we not share it with our brother, could not and ought not make us happy while he lacked part of it. Virtue fails, for "virtue in its completeness dwells in no human heart." Duty? "If one of my readers says to me, 'I am the man who has thus done his duty,'—well, he may be quite right, but I do not care for that man's nearer acquaintance." Philanthropy? He bids us remember how the Apostle says that it is possible to speak with the tongues of angels, to give all one's goods to feed the poor, and even one's body to be burned, and yet not have love. Work? He notes that the greatest concern of working people is to shorten the hours of work—which, of course, they would not do if work bring happiness. "The first and most essential condition of true happiness, I answer, is a firm faith in the moral order of the world. If one lack this, if it be held that the world is governed by chance or by those changeless laws of nature which in their dealings with the weak are merciless, or if, finally, one imagine the world controlled by the cunning and power of man, then there is no hope for personal happiness. In such an order of the world there is nothing left for the individual but to rule or to be ruled—to be either the anvil or the hammer; and it is hard to say which of the two would be to an honorable man the more unworthy lot." To faith in the moral order of the world he adds work done in the same faith, and, finally, *suffering*. "That word of the Apostle Paul, 'We glory in tribulations,' is, like many of his sayings, absolutely unintelligible to anyone who has not experienced what renewal of power may be discovered through misfortune itself. It is a form of happiness which one never forgets if he has once really experienced it."

The seventh essay, "The Meaning of Life," I leave, as I do the fourth, without comment of mine, feeling sure you will not skip either one. The whole book is uplifting, quieting, and steadying. It should have many readers among nurses and is certain to prove acceptable for reading aloud. No one essay is long enough to be tiring, and it is very sure to be just the stimulation and encouragement needed by those who shrink from taking up the battle of life again after a long and exhausting illness.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

FOOD AS A REMEDY.—The *National Hospital Record* says: "The first place in which all the best scientific knowledge of food as a remedial agent should be applied is in the hospital kitchen. The hospital kitchen of the future will rival the operating-room in cleanliness and convenience when it is clearly recognized that the skill of the physician or surgeon is of but little avail if the diseased and inflamed tissue cannot be replaced by normal conditions. Nothing but food can furnish the blood-current with the substances from which the cells may choose those essential to them. However fully he may be sustained for a time by the products of the chemist, it is of the utmost importance to the final recovery of the patient that he desire natural food in sufficient quantity to regain his strength. The neglect of the heart of the whole hospital, the kitchen, is hard to understand until we realize that this same neglect permeates the community in regard to individual homes, and that the medical schools treat of food only in relation to disease, and not in relation to healthful living."

COFFEE-DRINKING.—The *Lancet* in a paper on this subject contains a useful suggestion to nurses: "The excessive drinking of coffee is in any case an evil. But it is often forgotten that coffee can be taken in other ways, and in none better than in the form of jelly. A clear coffee jelly after dinner is every bit as good as the hot infusion, while it is free from some of the drawbacks of the latter. Coffee, unlike alcohol, diminishes organic waste, rouses the muscular energy without the collapse which follows alcoholic inhibition, and gelatin in the form of jelly is cooling, assuages thirst, is soothing, and has a tendency to absorb any excessive acidity of the stomach. Gelatin is what is known as a 'proteid sparer'—that is, it saves the destruction of proteid, such as albumin. Having regard to these facts, therefore, coffee jelly should form a very suitable sequel to dinner and an excellent substitute for the infusion. Moreover, the astringent principles of coffee, which, however, are different in kind and degree from those present in tea, are nullified by the gelatin. In short, gelatin is an excellent vehicle for coffee, but, as is necessary in making the infusion, the quantity of coffee in the jelly should not be stinted. Coffee serves an admirable purpose in dietetics, and those with whom it disagrees when taken in the form of a hot infusion will very probably find the jelly quite satisfactory."

THE LAW OF LOVE IN PRACTICE.—Dr. Osler in an address to medical students at Toronto spoke some words that may well be laid to heart by nurses: "And the third great lesson you may learn is the hardest of all—that the law of the higher life is only fulfilled by love or charity. Many a physician whose daily work is a daily round of beneficence will say hard things and will think hard thoughts of a colleague. No sin will so easily beset you as uncharitable-

ness towards your brother practitioner. So strong is the personal element in the practice of medicine, and so many are wagging tongues in every parish, that evil-speaking, lying, and slandering find a shining mark in the lapses and mistakes which are inevitable in our work. There is no reason for discord and disagreement, and the only way to avoid trouble is to have two plain rules: From the day you begin practice never, under any circumstances, listen to a tale told to the detriment of a brother practitioner. And when any dispute or trouble does arise, go frankly, ere sunset, and talk the matter over, in which way you may gain a brother and a friend. Very easy to carry out, you may think. Far from it; there is no harder battle to fight. Theoretically, there seems to be no difficulty, but when the concrete wound is rankling, and after Mrs. Jones has rubbed in the cayenne pepper by declaring that Dr. J. told her in confidence of your shocking bungling, your attitude of mind is that you would rather see him in purgatory than make advances towards reconciliation. Wait until the day of your trial comes, and then remember my words."

THE HIGHER PRELIMINARY EDUCATION OF MEDICAL STUDENTS.—In connection with the movement for the better education of nurses the following paragraph from the New York *Medical Journal* is of interest: "A casual consideration of the theory of ions in chemistry, essentially electrical in its nature, shows that that science in the future will demand on the part of the student a knowledge of the higher mathematics. The old 'algebra, as far as quadratic equations,' will no longer serve his needs, and he must learn the theory of infinitesimals, a genuine knowledge of which requires a rather high quality of mind. Evolution will eventually dispose of the question of the overcrowding of the medical profession."

A NEW METHOD OF ADMINISTERING OILS.—The *Medical Record*, quoting from a French contemporary, says: "H. Boissel remarks that the facility with which castor-oil can be given in frothing beer is well known to all practitioners. It is, however, not always easy nor advisable to give beer, therefore he has devised a frothing mixture which serves the same purpose. It is in the form of a powder, composed of gum arabic, licorice, and lactose flavored with vanilla. A pinch of this powder, shaken with a little water, produces a very persistent froth, in which any oily substance, as cod-liver oil, castor-oil, iodized or phosphorated oil, can be given, and medicines lighter than the mixture, such as the silicate of methyl, essence of santal, etc., can be given, without the slightest unpleasant taste."—*Gazette Hebdomadaire des Sciences Médicales.*

CHLORIDE OF LIME IN PUERPERAL INFECTION.—A. Ethier reports the successful use of this substance in a uterine douche in a case of puerperal infection. One hundred grammes of the chloride of lime were dissolved in twelve hundred grammes of boiled water and filtered. A glassful of the fluid was mixed in nine glassfuls of hot boiled water and injected very slowly. He has also used it in cases of simple metritis with a viscid, glairy discharge. It liquefies the viscosities, is non-irritating, causes no pain, and is not poisonous, like bichloride. In cases of ulcerated and inoperable neoplasms of the vagina with fetid discharge it causes rapid deodorization. It must not be used in a vagina which has recently been treated by the carbide of calcium without carefully removing all traces of this salt, otherwise the two substances will ignite and explode. Calcium chlo-

ride is also indicated in suppurating wounds with no tendency to heal and in abscess of the breast.—*La Revue Médicale du Canada.*

A Case of Linseed Poisoning.—A case of poisoning from linseed is reported in the *Lancet* of a robust male adult who applied a hot linseed poultice to an inflamed hemorrhoid. Four hours later he began to have unusual sensations in the throat and on the skin, a reddish-purple hue of the latter, deafness, impairment of vision, diarrhœa, and vomiting. Two hours after the commencement of symptoms he was first seen by the author and was in a state of collapse with quick and feeble pulse, a feeling of nausea, and cyanosed face and extremities. His respiration was quiet and the diarrhœa had ceased, but he had a marked condition of cutis anserina. He lay curled up on his side in bed and was very prostrate; he at once told me that he had been poisoned by linseed as recognized from his previous experiences. He was given an ounce of brandy in hot water, and hot bottles were placed to his feet and body; he passed a good night and on the next day was in normal health again. According to the author, the symptoms were due to one of the elements of the oil of linseed—viz., glyceride of linoleic acid. The patient had been previously twice poisoned by eating a few linseeds.

Treatment of Nephritis with Ice.—The *Journal of the American Medical Association*, quoting from a German contemporary, says: "Stembo has treated twenty patients with acute nephritis by application of ice-bags to both kidneys, held in place with a bandage. After two or three hours he removes the ice for an hour and then replaces it, keeping up this treatment until the albuminuria has entirely vanished. This ice-treatment is especially useful in sudden, acute cases of nephritis and in the acute exacerbations of a chronic affection."

Influence of Lactation on Conception.—The *Journal of the American Medical Association* quotes from a German contemporary as follows: "Weinberg states that conception occurred during the first six months after childbirth in only twelve per one thousand of five hundred and thirteen non-menstruating women who were nursing their children. The proportion rose to five hundred and ninety-five per one thousand in six hundred and fifteen women who were not nursing children. The influence of lactation on conception is thus confirmed."

Rubber and Linen Gloves.—A German surgical journal recommends the use of linen gloves drawn over a pair of rubber gloves during an operation. The instruments do not slip as easily on the linen and do not puncture it, while the rubber beneath prevents the escape of germs from the skin.

Sterility and the X-Ray.—The *Journal of the American Medical Association* says that a German exchange reports experiments on animals showing that treating them with X-rays produces in them a marked inability to reproduce, whether transient or permanent is yet to be determined, and this without any decided interference with the general state of health. This is caused by the killing of the spermatozoa. He experimented effectually on five rabbits and six guinea-pigs under a prolonged exposure of from six to eight hours.

HOSPITAL AND TRAINING-SCHOOL ITEMS

HOSPITALS

THE last of the contracts in connection with building the State consumption hospital in the Adirondacks has been let. It is now expected that enough of the institution will be finished by early spring to accommodate fifty patients. In fact, the trustees hope to be able to show a committee of the Legislature the practical workings of the hospital before the coming Legislature adjourns. The complete institution will be ready by early summer. The trustees have so planned things that it will take care of one hundred and fifty patients instead of one hundred. This additional number of cases will not involve any additional building expenses. The trustees have kept the expense of building within the appropriation made by the New York Legislature.

THE National Hospital for Insane Indians, at Canton, S. D., has finished its first year. At the beginning it had thirty-four patients, half of its capacity. In a few months it was filled. According to Superintendent Gifford the number of insane Indians is constantly increasing, the chief cause being despondency. Lack of active occupation, hunting and the like, is the chief cause of this.

PLANS have been completed for a new Eye and Ear Infirmary in Newark, N. J., which will be erected on Central Avenue, near Washington Street, at a cost of sixty thousand dollars.

A CHILDREN'S DEPARTMENT has been established by the Provident Hospital in Chicago. The little patients will be cared for by the colored nurses which that institution is training.

THE Oskaloosa (Ia.) Hospital board is planning a regular campaign for raising the necessary amount to erect and equip an up-to-date hospital.

EARL CLINTON, proprietor of the Standard Hotel, at Butler, Pa., has turned the house into an emergency hospital for the use of fever sufferers.

THE Emergency Hospital, Salem, Mass., is planning to establish a branch in Beverly.

LOWELL, Mass., is moving for a contagious hospital.

SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED

THE will of the late Peter B. Brigham, of Boston, Mass., was sustained by a decision handed down by Justice Lebanon B. Colt in the United States Circuit Court on December 30, and the five million dollars involved will go to the Brigham Hospital. Suit was brought by the heir at law to have the gift for a hospital declared void, as in violation of the rules against perpetuities and on other grounds. Judge Colt decided against the plaintiff on all grounds.

THE Managing Board of the Milford Hospital received a letter from the Draper Company pledging the sum of five hundred dollars a year for five years

towards the expenses of hospital maintenance. The offer was accepted with thanks. The board also voted its thanks to Mrs. George Albert Draper for the fine X-ray machine recently installed at the hospital at an expense of nine hundred dollars. It was her individual gift.

ABRAHAM ABRAHAM announces a mysterious donation of twenty-five thousand dollars to the Jewish Hospital, Classon and St. Mark's Avenues and Prospect Place, under the condition that a similar amount be raised from other sources. Mr. Abraham is under suspicion as being himself the donor, a surmise which he will neither confirm nor deny.

MRS. T. W. SYKES, of North Adams, Mass., has arranged to have every street in Williamstown canvassed for the benefit of the North Adams Hospital. Small envelopes will be distributed into which each one may put his gift, and in a few days they will be collected. Williamstown enjoys the convenience of the hospital, and it is hoped that everyone will respond as generously as possible.

ACCORDING to the will of the late Mrs. Mary D. Converse, of Malden, Mass., the Malden Hospital receives two thousand five hundred dollars, the Charity Club Hospital of Roxbury, Mass., two thousand dollars, with other bequests to charity.

THE King's Daughters are conducting a bazaar for the purpose of erecting a hospital of their own at Charleston, S. C. Contributions have been received for the bazaar from many places in the State where there are circles of the order.

AMONG other charitable bequests in the will of the late Joseph Stickney, of New York, are five thousand dollars each to the Wilkes-Barre (Pa.) City Hospital and the Margaret Pillsbury General Hospital, Concord, N. H.

JAMES STOTT and Mrs. C. B. Hackley, wealthy residents of Tarrytown, N. Y., have each contributed five thousand dollars to the Emergency Hospital of Carbondale, Pa.

THE treasurer of the Brockville (Ont.) General Hospital has much pleasure in acknowledging fifty dollars from Dr. Judson, of Lyn.

BY the will of the late Anna J. Stokes Cooper Hospital, Camden, N. J., gets six thousand dollars for a free bed.

TRAINING-SCHOOL NOTES

THE fiftieth anniversary of the organization of the New York Infirmary for Women and Children by Dr. Elizabeth Blackwell was held at the Waldorff on the evening of January 16. A number of the distinguished pioneer women in medicine were present. From the anniversary leaflet we quote a few paragraphs of special interest to our readers who are interested in the history of nursing:

"Dr. Blackwell while in England had become a warm friend of Miss Nightingale, and was profoundly interested in the training of nurses, and with the very beginning of the hospital department an effort was made to establish a training-school.

"In the second year of hospital work (1858) we find noted that 'the small number of beds has limited the number of nurses sent out after a three-months'

course to three; but as the number of beds is increased it is hoped to enlarge the class and organize a regular course of instruction for them.'

"In the next annual report we find that 'ten nurses have been sent out from the infirmary, most of whom have settled in New York and are well employed.' . . . 'Not more than one-third of the applicants have been admitted, either from failure to bring the necessary testimonials or unwillingness to enter for the three months, the shortest period for which pupil nurses are received.'

"Two years later we find that 'the course ordinarily pursued for training nurses has been modified to suit the requirements of the season,' for the war had begun, and wounded soldiers needed care.

"'Early in May, 1861, a meeting of the managers of the institution was called to consider how the class might be enlarged to meet the demand that would now exist for nurses.' One of the trustees put a little notice of the meeting in the *Times*, and the infirmary parlor was crowded to overflowing. It was there that the committee was organized to call the meeting at Cooper Union, where the 'Woman's Central Relief Association' (merged later in the Sanitary Commission) was formed. The Registration Committee of the association, to which everything relating to nurses was referred, included the Executive Committee of the infirmary, and Dr. Elizabeth Blackwell was the chairman. The New York Hospital and Bellevue opened their wards to give the nurses a month's training, and a course of lectures was delivered to them in the parlors of the infirmary, eminent physicians coöperating with Dr. Blackwell. It was always the desire of the Blackwells to supplement and not to repeat; and when the great movement for establishing training-schools for nurses passed into the hands of the larger hospitals, the infirmary, coöperating with the New York Hospital, gave its nurses instruction in obstetrics. It was not until the size of the infirmary made a general course possible that it established its own school.

"When a friend said to Dr. Blackwell, 'It makes me indignant that thee has not received more credit for what thee accomplished for the training of nurses,' Dr. Blackwell turned on her and said, 'Does thee suppose I care for the credit, so the work is done.' This has been the attitude from the very start of both sisters."

THE "Circular of Information" of the Johns Hopkins Training-School for 1903–04 shows another step towards placing that school on a university basis. Under "Tuition and Expenses" is the following:

"*Entrance Fee.*—An entrance fee of fifty dollars is required from all students to cover the additional cost of preparatory instruction. No other charges are made for tuition. Pupils receive board, lodging, and a reasonable amount of laundry work from date of entrance. During the period of probation they provide their own dresses, but when accepted as pupils, nurses are required, when on duty, to wear the uniform supplied by this hospital. Pupils are also provided with text-books, stationery, etc. Their other expenses, therefore, during the course of training and instruction will depend entirely upon the habits and tastes of the individual."

This school issues eight scholarships, four for each class, of the value of one hundred dollars each. These scholarships are awarded in the month of June of each year "by the authorities of the hospital, at their discretion, to such members of the Junior and Intermediate Classes as have shown exceptional merit and are in need of pecuniary assistance to enable them to continue their studies.

"A single scholarship of the value of four hundred and eighty dollars has been established, to be awarded at the graduating exercises at the close of the third year to the student whose work has been of the highest excellence and who desires to pursue post-graduate study and special work in the school."

The school also requires a deposit of ten dollars for what is known as "caution money" "from each student at the time of enrollment to cover the charges for possible breakage and damage to hospital appliances. If there are no charges against the student, the money will be repaid to her when she leaves the school."

This is an especially practical way of dealing with that great problem of American heedlessness, and might be adopted with advantage in all training-schools.

ANOTHER SCHOOL OF PHILANTHROPY.—The University Extension of Chicago has established a course of instruction for practical training in philanthropic and social work under the direction of Professor Graham Taylor. This course began in January with a series of lectures in the Fine Arts Building, 202 Michigan Avenue. The course includes practically the same line of instruction as that given in New York. Among the lecturers and instructors we find the names of Miss Julia C. Lathrop, of Hull House; Miss Harriet Fulmer, of the Visiting Nurses' Association; Miss Mary E. McDowell, of the University of Chicago Settlement, and last, but most important, Miss Jane Adams, of Hull House.

The registration fee for the entire session is eight dollars, and a limited number of students may find temporary residence at the Social Settlements in Chicago. Inquiries should be addressed to Mr. Walter A. Payne, Extension Division, University of Chicago.

MISS M. A. GREER, graduate and one time clinic nurse at Buffalo General Hospital, has been appointed superintendent of nurses of White Hospital, Ravenna, O. The new hospital just completed is a model one in many respects, and with a three-years' course, eight-hour system, and superior surgical advantages under direction of Dr. Crile, of Cleveland, certainly the hospital and its nurses have a very bright future.

THE Board of Visitors to the Government Hospital for the Insane, Washington, D. C., in its annual report, just issued, remarked that the Training-School for Nurses had done much in raising the standard of hospital employés.

MISS VANCOUR, graduate of the Galt Hospital, Galt, Ont., and who has been in charge of the Isolation Hospital there, has accepted a position as superintendent of the new General Hospital at Prince Albert, Saskatchewan.

A TRAINING-SCHOOL for nurses has been established in the hospital at Old Town, Me. The school starts with a class of ten young women.

DISTRICT NURSING is doing its good work in Minneapolis. Miss Jeamme has been allowed another nurse to assist her.

PERSONAL

MISS MARY M. RIDDLE, for seventeen years connected with the Boston City Hospital in the capacities of pupil, assistant superintendent of nurses, matron of the Convalescents' Home, superintendent of nurses, and matron of South Department, has resigned to accept the position made vacant by the resignation of Miss McDowell at the Newton Hospital, Newton Lower Falls, Mass. Miss Riddle will assume her new duties March 1, 1904.

THE statement made in this column last month that Miss L. M. Wygant had accepted the position of assistant superintendent of the Western Pennsylvania Hospital of Pittsburg we find was incorrect. That position has been filled by Miss Margaret Mackenzie, of the General Memorial Hospital, New York. Miss Wygant acted as night superintendent for a short period.

MISS MARGUERITE CLENDENNING, of the Toronto General Hospital Training-School for Nurses, Class of 1890, has resigned her position as superintendent of the City Hospital, Vancouver, B. C. Miss Clendenning has held the position for over five years and been most successful. She is to be married to Dr. Haw, of Vancouver.

MISS ZOLA A. BAILEY, graduate of the Training-School for Nurses of the University of Michigan, has been appointed superintendent of nurses of the California Hospital, Los Angeles, Cal., Miss H. F. Woods having resigned. Miss Bailey has been the assistant superintendent of the same institution.

MRS. A. E. BOLTON, Miss K. Besiegel, and Mrs. M. A. Moore gave an "At Home" at the residence of Mrs. Irish, 152 West Sixty-fifth Street, New York, to their nurse friends on Wednesday, January 13. In spite of very bad weather, quite a number attended and spent a very enjoyable time.

MISS IDA SHARP, of the Toronto General Hospital School for Nurses, Class of 1893, has accepted a position as head nurse of the private wards of the Western Pennsylvania Hospital, Pittsburg, Pa.

MISS ORPHA C. FEATHERSTONE, who has served as night supervising nurse at the Western Pennsylvania Hospital, has resigned and accepted a position in the City Hospital at St. Albans, Vt.

MISS ISABEL TURNER, a graduate of the Toronto General Hospital School for Nurses, Class of 1892, has been appointed to the position of superintendent of the City Hospital, Vancouver, B. C.

MISS VALERIE HULL, a graduate from the City Hospital Training-School of Minneapolis, departed on December 7, 1903, for Kalispell, Mont., to take charge of the Kalispell Hospital.

MISS LOUISE A. FERBER has resigned her position as assistant directress of nurses at the Western Pennsylvania Hospital, and will rest for some time before taking another position.

MISS LOUISE BURDETTE has resigned her position as superintendent of the Training-School of the Lying-in Hospital, New York City.

MISS MARGARET STEWART has resigned her position as superintendent of nurses at the New York Eye and Ear Infirmary.

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston

DR. INGALLS'S PAPER

(Continued from page 303)

In the thirty-five years that the training of nurses has been going on in this country we have seen many things accomplished which have added much to the importance of the profession and to the standard of the work, and I think it is now on a good, substantial working basis and is bound to make a safe, sure, and steady progress.

The greater care taken by superintendents of training-schools in the selection of their entrants, the care paid to their physical as well as their moral and intellectual fitness for the work, the longer and more thorough training, have all combined to place before the people of our country a high grade of professional women which is improving steadily as the years go on.

We are bringing together every year in the various schools of our country thousands of young women from all parts of this continent. We are trying by the most judicious methods of selection to enroll only those who show a physical, moral, and intellectual fitness to take up the work. As teachers we try to make them most thoroughly conversant with the theory of sickness and disease and the most modern methods of combating them. In the operating-rooms and wards of our hospitals we are trying to give them practical instruction and experience in carrying out the ideas promulgated in the class- and lecture-room. In short, for three years our constant effort is to prepare them for their life-work and to develop in them a knowledge of their profession, skill in the execution of their work, stability of character to enable them to handle their patients with judgment, so that when they leave the restraining and watchful care of the institution which is responsible for their entrance to the profession of nursing they may reflect credit on their Alma Mater and go forth into the world with a self-reliance and a purpose to do the most good they can, in the best way they can; to minister to their patients in such a way that the pain and agonies of disease will be softened, the sufferings of the invalid be lessened, the gloomy atmosphere of the sickroom brightened by their presence, with a consciousness on their part of a duty well done.

Can't you help us? Remember that we are busy people. Remember that we devote ourselves to a new class each year. Remember that in our desire to make these young women come up to the high standard we establish professionally we may not see that other side of their life. We may not realize what it means to them to be among strangers. We may not notice that the restraint and constant urging on to good, practical work is making them feel a trifle discouraged. They may have their private trials and crosses to bear. There may be days when the goal looks too far away and the road too rugged for them ever to reach the end. Can't you get near them? Can't you give them words of encouragement? Can't you help them cultivate that mutual feeling of love and sympathy with each other which will help the timid and weak and will go far

to tide them over the crisis when everything looks dark and discouraging to them and the realization of their ambitions seems so very distant?

I ask you, women who have served your time in the training-school and are, so many of you, well along in the profession, to be a help to the young nurse.

I ask you, men of the church, if there is not a field for your kindly advice and assistance in many ways to give these young women help over the hardest part of their career.

I ask you, laywomen of the guild, if there is not a golden opportunity for you to help those of your sex who are just starting out on their life's career.

These young women you well know are people of strong minds as a rule, and have not undertaken to enter upon this work without mature deliberation and a firm determination to carry it through at whatever cost. This very spirit of determination, the very fact of that stubborn purpose to persevere, may make them very difficult to approach. It may be they will be misunderstood, and it occurs to me that a very large field for useful work for your noble society is to get beneath that outer shell of reserve which that same determination causes them to put on, and beneath which many suffer in silence, and, gaining their confidence and love, it should be no difficult task by judicious advice to get them to look upon their work in the right spirit, and mutually help each other to make their burdens lighter.

Just how this may be best accomplished I cannot tell you. Those of you who have had experience in the administration of charities know how very difficult it is to help the honest poor and needy without making them feel their poverty and dependence, and how very hard it sometimes is to make these people own up to the true state of affairs.

The problem of doing the right thing and not overdoing it, as far as these young women are concerned, presents as many and as difficult possibilities.

There is danger of well-meant attention being misconstrued into offensive patronage, and I think there is great danger of carrying the social entertainment too far, as too much of that element is not certainly desirable.

The religious aspect of the guild might be made too much of and carried to an extent which might make it seem the too prominent feature, yet with judicious administration it can be of the greatest possible moral help and support.

The judicious blending together of the various elements, the making the work of the guild interesting, instructive, beneficial in all its parts, the bringing of these young women under all the best influences it is possible for such a society to exert, and with it all developing the practical usefulness of the society for the good of their profession in its present needs and looking forward to the possible demands of the future, ought to appeal to them and ought to make it an easy matter for St. Barnabas Guild to do much for the general good of the whole body.

Having, then, made the young nurse interested in the organization and its work, showing to her the help possible to be obtained, and making her feel the benefits of association with the members of the society, you will have enlisted as efficient coworkers these young women early in their career, and they will then be enthusiastic workers in the general cause, and the mutual interest of all in the organization will be of the greatest benefit in carrying out the other and more mature projects which are bound to arise for your consideration.

There are many other things which can be accomplished by an organization whose membership is made up of such splendid material as is your society and is endorsed and aided by the strong arm of the church, and they will easily be

worked out as the organization grows and its various purposes receive detailed attention. I have only tried to carry one thought for your attention—that is, what you can do for the young nurse. I sincerely trust that I have not overstepped my privilege in venturing to offer anything in the nature of advice. My only excuse can be that as a teacher of nurses—and a surgeon dependent upon them for satisfactory work—I am greatly interested in everything which will help to take into the ranks of their profession women of the right sort, whose work shall be carried on in the proper spirit, whose minds shall be trained to have the proper realization of their obligations to their patient, their doctor, and themselves, and thus elevate the standard and increase the usefulness of the trained nurse.

Orange, N. J.—The year of 1903 was fittingly closed by a meeting which was held on December 31 at St. Mark's Church, West Orange. Two members were admitted and an address was made by the Rev. F. Reazor, rector of the parish. A short business meeting followed, at which it was voted to donate a bed, completely furnished, to the orthopædic ward in connection with the Nurses' Settlement work. A suitable panel will mark the gift as from the "Orange Branch of the Guild of St. Barnabas." The bed-linen and blankets had already occupied the attention of the largely attended sewing meeting held December 10 at 1 Evergreen Place, and had been finished and marked in red lettering by those present that day. A delightful reception and tea followed the business meeting in the Parish-House, and many were the hearty wishes for a "Happy New Year" before the members parted to meet no more that year. The next sewing meeting will be devoted to making garments for the Fresh-Air Home, many children coming down very scantily supplied with necessary clothing. These will only be loaned, and thus extend their usefulness from one week to another. We take great pleasure in recording the marriage on December 30 of a priest associate and former curate of Grace Church, Orange, the Rev. Oscar F. Moore, to Miss K. J. Bayles, daughter of an associate, who has done such signal service as secretary to the Sick Relief Fund since its inauguration. Mr. Moore now occupies a position as master and chaplain in the school at Cheshire, Conn. Miss Edith Tye was married on December 29, at South Orange, to Mr. I. Osborne, librarian in Rutgers College. We learn with pleasure that the branch will have the honor of meeting the bishop of the diocese, Rev. Dr. E. Lines, for long years the chaplain of the New Haven Branch, at a guild reception given by Miss M. H. Pierson at her residence, 13 Hillyer Street, Orange, January 14, 1904.

Boston Branch.—A most enjoyable Christmas-tree was held at St. Stephen's Church on the evening of December 30. The service was rendered more enjoyable by the presence of the vested choir, and the church was a delightful spectacle with its Christmas greens and the scarlet of the poinsettias against the white marble of the altar. The sermon, by the Rev. Mr. Fitts, was on the text, "But Mary kept all these things and pondered them in her heart." The Christmas-tree itself in the school-room was large and lovely, most beautifully ornamented, and gay with candles. To the surprise of all, Santa Claus rushed into the room bearing a large clothes-basket full of presents, which he gave out by the numbers written on each gift, making jokes appropriate to the season. A truly jovial saint he proved, and his visit was much appreciated. A social hour followed, and an opportunity was given to compare the presents, which were very pretty and acceptable. With hearty wishes for all the blessings of the season, the festive gathering ended.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City

[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

THE SEVENTH ANNUAL CONVENTION OF THE ASSOCIATED ALUMNÆ

OFFICERS of societies having a membership in the national body are reminded of the necessity for electing the delegates who are to represent said societies, and as soon as possible to send those names to the secretary of the Associated Alumnæ in order that she may know for how many representatives to plan in arranging for the transportation at a reduced rate.

The exact date of the convention will be announced next month, but it will, of course, be placed so as to permit the delegates from a distance to attend the national meetings en route for the International.

The secretary would remind members of the Associated Alumnæ attending the International meetings that they are privileged to wear the pin of the National Council of Women; this the secretary will be glad to supply upon application.

MARYLAND BILL

COPY of the bill prepared by the Maryland State Society of Graduate Nurses to be introduced at the coming session of the Legislature:

AN ACT to Provide for State Registration of Nurses.

SECTION 1. *Be it enacted by the General Assembly of Maryland*, That upon the taking effect of this act, the Maryland State Association of Graduate Nurses shall nominate for examiners twelve (12) of its members who have had not less than five years' experience in their profession. These nominations shall be submitted to the Governor of the State, who shall from said number appoint, within sixty days, a Board of Examiners, to be composed of five (5) members. One of the members of this board shall be designated by the Governor to hold office one year, two for two years, and two for three years; and hereafter, upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint a successor to each person or persons, to hold office for three years, from a list of five nominations submitted to him by the Maryland State Association of Graduate Nurses annually. All vacancies occurring on this board shall be filled by the Governor in the same manner from the list of nominations furnished him, or from a list of five to be furnished upon his request for additional names.

SEC. 2. *And be it further enacted*, That the members of this State Board

of Examiners shall, as soon as organized, and annually thereafter in the month of June, elect from their members a president and a secretary, who shall be the treasurer. Three members of this board shall constitute a quorum, and special meetings of the board shall be called by the secretary upon written request of any two members. The said Board of Examiners is authorized to frame such by-laws as may be necessary to govern its proceedings. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all nurses duly registered under this act, which shall at all reasonable times be open to public scrutiny, and the board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expenses on this behalf. The secretary shall receive a salary to be fixed by the board, not to exceed one hundred dollars ($100.00) per annum, also travelling and other expenses incurred in the discharge of her official duties. The other members of the board shall receive five dollars ($5.00) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the board under the provision of this act, and no part of salaries or other expenses of the board shall be paid out of the State Treasury. All money received in excess of the said allowance and other expenses provided for shall be held by the treasurer for meeting the expenses of the said board and the cost of annual reports of the board.

SEC. 3. *And be it further enacted*, That after June 1, 1906, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this act to determine their fitness and ability to give efficient care of the sick. Upon filing application for examination and registration each applicant shall deposit a fee of five dollars ($5.00).

SEC 4. *And be it further enacted*, That the applicant shall furnish satisfactory evidence that he or she is twenty-three (23) years of age, is of good moral character, has received the equivalent of a high-school education, and has graduated from a training-school connected with a general hospital of good standing, where a three-years' training with a systematic course of instruction is given in the hospital.

SEC. 5. *And be it further enacted*, That all nurses graduating before June 1, 1906, possessing the above qualifications shall be permitted to register without examination upon payment of registration fee. Nurses who shall show to the satisfaction of the Board of Examiners that they are graduates of training-schools connected with a general hospital or sanitarium giving two-years' training or prior to the year 1897 having given one-year's training, and who maintain in other respects proper standards, and are engaged in professional nursing at the date of the passage of this act, or have been engaged in nursing five years after graduation prior to the passage of this act, also those who are in training at the time of the passage of this act and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination, provided such application be made before June 1, 1906. Graduates of training-schools in connection with special hospitals who shall obtain one year's additional training in an approved general hospital before June 1, 1906, shall be eligible for registration without examination. And it shall be unlawful after the expiration of that time for any person to practise professional nursing as a

registered nurse without a certificate in this State. A nurse who has received his or her certificate according to the provisions of this act shall be styled and known as a "registered nurse." No other person shall assume such title or use the abbreviation R.N., or any other letters or figures to indicate that he or she is a registered nurse.

SEC. 6. *And be it further enacted*, That this act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered nurse.

SEC. 7. *And be it further enacted*, That any person violating any of the provisions of this act, or who shall wilfully make any false representation to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not more than five hundred dollars ($500.00).

SEC. 8. *And be it further enacted*, That the State Board of Examiners of graduate nurses may revoke any certificate for sufficient cause, but before this is done the holder of said certificate shall have thirty-days' notice, and after a full and fair hearing of the charges made, by a majority vote of the whole board the certificate can be revoked.

SEC. 9. *And be it further enacted*, That this act shall take effect from the date of its passage.

NEW JERSEY STATE MEETING

THE second annual meeting of the New Jersey State Nurses' Association was called to order at two P.M., December 1, at Mercer Hospital, Trenton, N. J., Mrs. Janette F. Peterson, acting president, in the chair.

The opening prayer was made by the Rev. W. Strothers Jones, chairman of the Training-School Committee of Mercer Hospital, followed by an address of welcome by Dr. William Elmer, medical director of the hospital, which was responded to by the acting president, after which Francis B. Lee, Esq., gave a most interesting and instructive address on legislation.

The minutes of the last annual meeting, also of special and executive meetings held during the year, were read, followed by reports of the treasurer and Standing Committee.

The secretary reported over seven hundred nurses having registered in the State since our bill passed the Legislature.

In addition to this, during the first session Article VI. of the by-laws was amended. The advisability of asking the State Legislature to amend our bill was discussed and the Ways and Means Committee instructed to proceed with the work of legislation.

Then followed an animated discussion as to ways and means of sending a delegate from New Jersey to Berlin to attend the International Congress of Nurses. A vote to send one having been carried, it was finally decided that the delegate should be appointed by ballot, balloting to be done by mail.

A committee was appointed to arrange a form of ballot and to send it to every member of the association with instructions. Miss Mary Mason, superintendent of the Training-School at Newark City Hospital, was appointed chairman of this committee, Miss Mary Ahner, of Newark German Hospital, and Miss Lilly Leigh, of the Home for Crippled Children, her associates.

The meeting then adjourned for fifteen minutes, during which time members cast their ballots for new officers.

The second session was called to order at four-twenty-five P.M., and very interesting reports were heard from Mrs. Stephen, of Orange; Miss Squire, of Newark; Miss Rockhill, of Camden, delegates to the State Federation of Women's Clubs Convention.

Miss Meyers, of Camden; Miss Ahner, of Newark, and Miss Coomber, of Orange, were appointed as Nominating Committee for the year 1904.

Invitations for the Third Annual Meeting came from St. Barnabas and Newark City Hospital and from Orange Memorial Alumnæ Associations. It was decided to hold the next annual meeting in Newark.

Resolutions of thanks were sent to the Rev. W. Strothers Jones for his opening prayer; to Dr. Elmers for his cordial welcome; to Francis B. Lee, Esq., for his interesting and instructive address; to the Committee on Arrangements; to the directors of Mercer Hospital for the privilege of holding our meeting in their hospital, and to the nurses in Trenton for their kind invitation and hospitality; also to Miss Irene T. Fallon, our former president, for her untiring interest and labor in organizing our association, and expressing our universal regret at her resignation. Regrets were also expressed for Miss Fahringer's resignation as secretary, and thanks given to Mrs. Peterson and Miss Neafsey for having taken up the work.

Officers for the year were elected as follows:

President, Miss Bertha J. Gardner, Newark, N. J.

First vice-president, Mrs. Janette F. Peterson, Bayonne, N. J.

Second vice-president, Miss Mary Mason, Newark, N. J.

Secretary, Miss Laura MacHale, Newark, N. J.

Treasurer, Miss Catherine Neafsey, Newark, N. J.

Chairman of Ways and Means Committee, Miss Martha E. Galatian, Newark, N. J.

Chairman of Membership Committee, Mrs. Daniel Cook, of Trenton, N. J.

Chairman of Printing Committee, Miss DeArcy Stephen, Orange, N. J.

The chairmen of these committees, together with the officers, compose the Executive Board.

A full report of this meeting will be printed and distributed to members.

LAURA MACHALE, Secretary.

NORTH CAROLINA

THE Board of Examiners of Trained Nurses of North Carolina was organized December 16, 1903.

In accordance with an act of the Legislature of 1903, as provided in the Nurses' Registration Act, there has been established the Board of Examiners of Trained Nurses of North Carolina. This board consists of five members—two physicians and three trained nurses—appointed by the State Medical Society and the North Carolina State Nurses' Association respectively to serve for three years.

The members are as follows: Dr. J. W. Long, Greensboro; Dr. R. S. Primrose, New Bern; Mrs. M. H. Laurance, Rex Hospital, Raleigh; Miss Constance Pfohl, Winston-Salem; Miss M. L. Wyche, Watts Hospital, Durham.

This board met in Greensboro on December 19, 1903, for organization, all the members being present except Dr. Primrose, who was unavoidably detained. Dr. Long was elected chairman and Miss Wyche secretary pro tem., after which many important features of the work were discussed.

A constitution and by-laws will be adopted at a later meeting.

In the final election of officers Mrs. Laurance was chosen president and Miss Wyche secretary and treasurer.

The first meeting of this board for the examination of nurses will be held in Raleigh on Tuesday and Wednesday of the week of the meeting of the Medical Society and just preceding the meeting of the State Nurses' Association. Due notice of this meeting will be given through the papers.

Registration is not compulsory, but no nurse can register, after December 31, 1903, without a certificate from the Board of Examiners.

Miss M. L. Wyche, Secretary and Treasurer,
Mrs. M. H. Laurance, President.
Watts Hospital, Durham.

PENNSYLVANIA STATE MEETING

The second meeting of the Pennsylvania State Nurses' Association was held in Harrisburg on January 20-21, Miss Annie E. Brobeon, the president, in the chair.

Rev. H. H. Hastings made the invocation, Mayor McCormick gave the address of welcome, and Dr. McAllister, from the Academy of Medicine, gave an address and greeting in behalf of the medical profession of Harrisburg.

Miss Brobeon in a brief address stated the object of the meeting. Miss Sarah Rudden read an article from The American Journal of Nursing entitled "The A, B, C of Registration." A paper entitled "A Plea for Organization," written by Miss Rebecca Halsey, of the Jewish Hospital, Philadelphia, was read by Miss Greaney, of the Woman's Hospital.

On Wednesday evening a most delightful reception was given to the nurses by the members of the Academy of Medicine, at which more than two hundred guests were present.

The representation was from every part of the State, about seventy nurses being present. The usual routine business was transacted.

During the various discussions it was stated by Miss Milne, of the Presbyterian Hospital, Philadelphia, that a "Preliminary Education for Nurses" course was being given at the Drexel Institute through the influence of Dr. S. Weir Mitchell, said course embracing the subjects of "Domestic Science," "Anatomy," "Physiology," "Materia Medica," "Bacteriology," and "Hygiene." But eight nurses have entered the class this year, and unless there are more next year who take up this course it will be impossible to continue it. On motion of Miss Whitaker, seconded by Miss Madeira, the approval of the State Association was given this movement of Dr. Mitchell's.

The next meeting of the association will be held at Wilkes-Barre, Pa., April 20 and 21, 1904.

Mrs. George O. Longvlee,
Chairman Publishing and Press Committee.

STOCKHOLDERS' MEETING

The annual meeting of the stockholders of The American Journal of Nursing Company was held at 265 Henry Street, Grill Room, City of New York, on January 21, 1904, at two P.M.

The five directors elected for the ensuing year were Miss I. McIsaac, Miss M. E. P. Davis, Miss M. M. Riddle, Miss M. A. Nutting, and Miss A. D. Van Kirk.

A. D. Van Kirk, Secretary.

INTERNATIONAL COUNCIL OF NURSES

THE First Quinquennial Meeting of the Grand Council of the International Council of Nurses will be held in Berlin in June next, during the week beginning on June 12. The exact date and place of meeting will be announced later in the nursing press.

AGENDA.

1. Minutes.
2. Presidential address.
3. To receive general and financial reports.
4. To appoint scrutineers of the nomination papers for the offices of president, honorary secretary, and honorary treasurer.
5. To consider the affiliation of national councils.
6. To consider the adoption of official organs.
7. To define the method of work for the next Quinquennial period.
8. To receive reports from affiliated countries on:
   - (A) *Legislation* effected for trained nurses—
     - (a) By State registration.
     - (b) Under government departments in the army and the navy.
   - (B) *Education.*
     - To define a curriculum of education and a minimum standard qualifying for registration as a trained nurse.
9. The appointment of honorary officers.

Other business.

LAVINIA L. DOCK, Honorary Secretary,
431 Oxford Street, London, W.

STUDENTS' REPORT—HOSPITAL ECONOMICS CLASS

ON December 3, 1903, the class excursion was made to the Walker-Gordon Laboratory. The manager most courteously conducted us about the place and interested us in a detailed account of the work done there.

Milk is supplied from the company's farm situated at Plainsboro, N. J. Most scientific hygienic and aseptic methods are pursued in the care of the cows and buildings and in handling the milk and utensils. Bacteriological and chemical examination of the milk is made daily by the superintendent of the farm, a Cornell University graduate specially trained for his position.

Walker-Gordon guaranteed milk and cream are supplied to families in New York and adjacent cities. In filling long-distance orders sterilization is necessary. Only the week before a case of two hundred quarts of milk had been shipped to Egypt.

We sampled milk which had been sealed, sterilized, and placed in cold storage two months previously. It was perfectly sweet.

Special attention is given to the modifying of milk for babies and invalids in accordance with prescriptions sent in by physicians.

This company maintains laboratories in Boston, Philadelphia, Chicago, and other cities in the United States and Canada, also one in London, England.

December 17 we had the extreme pleasure of visiting the Nurses' Settlement, 265 Henry Street. Miss Wald outlined the organization and development of the undertaking. It seems almost incredible that so extensive a work is the outcome of the small beginnings of ten years ago. The Model Flat and the First Aid—out-door department—were specially interesting.

Tea was served in the characteristic spirit of the place, after which we took our departure with but one regret—the absence of Miss Dock. Every nurse visiting New York should see the settlement.

The Christmas vacation was very pleasantly spent by the members of the class who remained in the city.

COMMITTEE ON TESTIMONIALS

THE report of the Committee on Testimonials of the New York State Nurses' Association will be given in full at the annual meeting in April, but Miss Gilmour, the chairman, furnishes the following description of the gifts sent to Senator Armstrong and Miss Allerton, with their letters of acknowledgment, as being of especial interest to the nurses of the State at this time:

"The testimonial for Senator Armstrong was a very handsome lamp, the font an imported pottery vase, heavily mounted in Tiffany bronze, and a globe of Tiffany favrile glass, heavily leaded in daffodil pattern. On the band around the font was the following inscription: 'Presented to Senator and Mrs. Armstrong by the New York State Nurses' Association in appreciation of their kindly services in passing the bill for State registration of nurses, 1903.'

"Miss Allerton's present was a desk set of green favrile Tiffany glass, with a dull bronze overlay in floriated pattern. The set consisted of a pad, paper-holder, ink-well, paper-weight, blotter, pen and tray, and small book-rack. The inscription was placed on the front of the paper-holder and was as follows: 'Presented to Miss Eva Allerton by the New York State Nurses' Association in appreciation of her kindly service in passing the bill for State registration of nurses, 1903.'"

Senator Armstrong's letter was as follows:

"ROCHESTER, N. Y., January 4, 1904.

"*Mary S. Gilmour, New York State Training-School for Nurses, New York City, N. Y.*

"DEAR MADAM: I have your favor of the 31st ult., and on New Year's Day we received the beautiful lamp which you forwarded us. My wife and I were as surprised as we were pleased; it is by far the most beautiful article we have in the house. I am glad to know that Miss Allerton is given much credit for the success of your bill, because it was due to her and those who assisted her much more than to myself that it became a law.

"Please express our very many thanks to your association for their kindness and thoughtfulness, and assure them that to us the most beautiful feature of the lamp will be the expression of remembrance and esteem with which it is engraved. Yours truly, (Signed) "WM. W. ARMSTRONG."

Miss Allerton's acknowledgment was characteristic and informal:

"MY DEAR MISS GILMOUR: I am so astonished and so pleased and happy with the pretty desk set that I cannot express to you and the Nurses' Association my thanks, nor tell them of my pleasure, it is so great. My work was made easy by all the loyal friends and associates. This beautiful gift will always remind me of the anxious days and twice over of the victory which followed.

"I thank you and the committee for the charming selection. I am grateful to the New York State Association of Nurses for the feeling which prompted the giving.

"I do not know how to say more. I am just thankful and happy with it all. Yours very sincerely, (Signed) "EVA ALLERTON.

"ROCHESTER, N. Y., January 12."

THE INTERNATIONAL CONGRESS

[THE Executive Committee of the National Council of Women holds a meeting in Indianapolis during the week beginning February 1. Mrs. May Wright Sewell, honorary president of the National Council of Women, and the "president of the International Council of Women," has issued a circular letter addressed to the members of the National Council of Women of the United States, a copy of which has been sent to this JOURNAL through Miss Nutting. We regret very much that our JOURNAL will be circulated too late to be of benefit to nurses who might have attended this meeting in Indianapolis if the announcement could have been made earlier.

We quote that portion of Mrs. Sewell's letter in which she gives the outline of the plans for the representation of American women at the International Congress in Berlin, and with which all nurses who intend to be present should be familiar.—ED.]

"It is not unknown to the members of the National Council that the Third Quinquennial of the International Council will convene in Berlin on June 6 of 1904, and that the Quinquennial, which will occupy one week, will be followed by an International Congress held under its auspices and arranged for by the National Council of Germany, which will continue through the next week. The National Council of the United States, like all other affiliated councils within the International, has a right to the following representation at the Berlin Quinquennial, namely:

"*First*, one member on the Committee of Arrangements for the Executive of the International.

"*Second*, two delegates.

"*Third*, two alternates for said delegates.

"*Fourth*, one speaking representative of the council, who will make an address at the second public session of the Quinquennial, when every national council will have an opportunity to give a brief survey of its own work, and to state the international aspect of its work. All of these representatives are to be elected by ballot at the approaching executive session. It behooves every member of the executive to be present, since the united wisdom, discrimination, and judgment of the executive should be brought to bear upon the vital question of who these five representatives of the American Council shall be. This, however, is not the only important and particular work of the approaching executive.

"Last March, in New Orleans, a special committee was appointed to investigate the condition of affairs at St. Louis, and to study the best possible representation of the effort of the council in St. Louis during the months of the exposition. This committee, whose chairman is Mrs. Lillian M. Hollister, of Detroit, has undoubtedly performed its duty faithfully, and it will have a plan of representation which will interest every member of the council, and the judgment of every member will be needed in the consideration of this plan and the consideration of the means by which it may be successfully executed.

"Besides these matters of importance, there are important reports from the standing committees, especially from the Committee on Resolutions, which has had before it during the last year questions of exceptional importance.

"Then there will be the representation of American women in the International Congress, which is to follow the Third Quinquennial, to consider. Before February 1 advices will undoubtedly be received from Germany which will enable the president of the International Council, whom Mrs. Swift has appointed a special committee of one on the representation of the American Council at Berlin, to give a report of great interest concerning the preparations that are being energetically carried forward by the tactful president of the German Council and her able associates.

"The names of over one hundred women have been proposed by the members of the executive of the American National Council as candidates for the honor of speaking in some section of the International Congress. All of these names have been forwarded to the German Committee of Arrangements. It goes without saying that it will be quite impossible that all shall be invited. The council will have more than doubled since the Second Quinquennial, held in London in 1899, and as the International Congress is convened for the same length of time as in London, the number of speakers that can be invited from any one of the twenty-two countries that will doubtless be within the International Council before June will, naturally, be less than the number which could be invited from any one of the nine countries constituting the International Council five years ago. There can be no doubt that the desire of the German Committee of Arrangements to invite a just proportion of speakers from the American Council is keen and sincere. It is not improbable that the letters of invitation will have been received prior to our executive. Then there must be a canvass to ascertain who among the invited can go. If for any it should prove impossible, then again there will be an opportunity to nominate available substitutes."

INDIANA STATE MEETING

A MEETING of the Indiana State Nurses' Association will be held at the Grand Hotel in Indianapolis on February 22. All nurses are earnestly requested to be present.

PROGRAMME.

Informal meeting of committees, etc., at eleven A.M.
Luncheon at one P.M.
Call to order, two P.M.
Address by Dr. Rilus Eastman.
Response by president, followed by business session.

MASSACHUSETTS NURSES MEET

A MASS meeting of the newly organized Massachusetts State Nurses' Association was held in the New Century Building January 13. There was a large gathering of graduate nurses from nearly every county in the State and many women physicians. Miss Mary M. Riddle, the president, was in the chair. Dr. Laura A. C. Hughes, treasurer, said the receipts thus far were more than six hundred dollars; the membership is three hundred and one, with applications coming in. Miss E. D. Ayers reported that a branch society has been formed in Worcester, with a membership of forty-eight. A similar society has been organized in Bristol County with thirty-six members, and in Essex County a branch will be formed next month. Other counties will rapidly become affiliated with the State association.

Miss M. E. P. Davis, chairman of the Committee on Legislation, read the bill which is to be presented to the Legislature. The bill was accepted with certain changes. The following committee was appointed to present the bill before the Legislature, in conjunction with the attorney of the association: Miss Riddle, Miss Pauline L. Dolliver, Miss R. Metcalf, Dr. L. A. C. Hughes, and Miss M. E. P. Davis.

Dr. Elizabeth C. Keller, of Jamaica Plain, was made an honorary member in recognition of the aid she has given the nursing profession, and expressed her appreciation.

REGULAR MEETINGS

ESSEX COUNTY, MASS.—On the afternoon of December 8, 1903, the Salem Hospital Alumnæ Association of Salem, Mass., invited all the trained nurses of Essex County to attend a meeting in the interest of State registration for trained nurses. About seventy-five graduate nurses were present, coming from Lynn, Haverhill, Gloucester, Newburyport, Lawrence, Beverly, and other cities and towns of this county. Some members of the Salem Hospital staff and other physicians were also present. The meeting was held in the Administration Building of the new Salem Hospital. Mrs. Josephine S. Hinckly, of Salem, presided. The address of welcome was given by Dr. Harriet R. Goodrich, of Salem. Then followed an address on "The Meaning and Significance of Registration," by Miss M. P. Parker, of Groveland, Mass., who was for eight years superintendent of nurses at the Salem Hospital. Miss M. M. Riddle, of Boston, the president of the National Nurses' Association, made an address on the benefit of registration for nurses, to the public, to nurses, and to physicians, and clearly argued that since the doctor who writes the prescription must be registered, and the pharmacist who fills this prescription must be registered, it is very reasonable to demand also that the nurse who administers the medicine should also be registered by the State. Dr. M. D. Clark, of Haverhill, made a very practical speech upon "Registration from the Physician's Point of View." He said that the point most to be emphasized should be the benefit of registration to *the public*, and in this manner only would it be possible to get the bill through the Legislature. A most interesting and instructive paper on "Private Nursing" was read by Dr. J. P. Fessenden, the senior member of the medical staff of Salem Hospital. Short addresses were also made by Dr. George Z. Goodell, of Salem, a former member of the hospital staff and lecturer to the nurses in the Training-School, and by Dr. Gardner, of the Essex County Homœopathic Hospital. A social hour followed the meeting, and afternoon tea was served in the dining-room, after which, by invitation of the trustees and superintendent, the guests were invited to inspect the new hospital wards and operating-rooms, the nurses' classrooms, and the Administration Building. Much admiration was expressed over the hospital, which is modern in every way and excellently equipped. The education of nurses in this new hospital should be most efficient, and the high standard which the Salem Hospital Training-School for Nurses has for many years enjoyed should here be maintained and advanced.

NEW YORK.—The Alumnæ Association of the Metropolitan Training-School for Nurses, Blackwell's Island, New York City, was organized May 18, 1903, at the Nurses' Home with a charter membership of thirty-nine. Miss Mary E. Thorn-

ton, secretary of the Nurses' Associated Alumnæ of the United States; Mrs. W. K. Draper, president of the Board of Managers, and Miss Jane M. Pindell, superintendent of the Metropolitan Training-School, kindly assisted in the organization. The association promises to be very successful; it now has a membership of fifty, and holds quarterly meetings on the second Tuesdays of March, June, September, and December. The first few meetings were held at the Training-School Home, but in the future Dr. Stewart's Home for Nurses, 686 Lexington Avenue, will be the meeting-place. The annual meeting will be held on the anniversary day of the organization, May 18, or on the day following when that falls on Sunday. An initiation fee of one dollar and yearly dues of one dollar thereafter was decided upon. Steps have been taken towards the incorporation of the association, and it is hoped to gather all the graduates of the Training-School and to be of mutual benefit to one another. Dr. George Taylor Stewart was elected honorary life president and Miss Agnes P. Mahoney, Miss Jane M. Pindell, and Miss Martha E. Bellerman honorary charter members. The officers of the association are: President, Miss Agnes S. Ward; first vice-president, Miss A. M. V. Kingsland; second vice-president, Miss Katherine Macklin; secretary, Miss Sabra Hunter; treasurer, Miss Alice Hudson.

CLEVELAND, O.—The regular monthly meeting of the Graduate Nurses' Association was held in the Young Men's Christian Association Building on December 29, the president, Miss Lewis, in the chair. Five new members were admitted—Mrs. H. W. Randall, Misses G. Barnes, Fortescue, Cole, and Kneckart. Dr. H. F. Biggar addressed the meeting, after which the report of the Central Registry Committee was read by the chairman and unanimously adopted by the association. Mrs. E. A. Smith, a graduate of the New York Hospital and wife of Dr. Smith, was appointed registrar, and the committee hope to have everything ready for business very shortly. The Governing Committee will consist of Miss Lewis, president of the Graduate Nurses' Association; Mrs. H. W. Randall, superintendent of nurses, Huron Street Hospital, and Miss E. M. Ellis, superintendent of nurses, Lakeside Hospital. Miss F. F. Wright was appointed delegate to attend the general meeting of the Ohio nurses to be held in Cincinnati on January 27 and 28, Miss Sutherland alternate. A vote of thanks was presented to Dr. Biggar, after which the meeting adjourned.

NEW YORK.—The regular monthly meeting of the Alumnæ Association of the New York City Training-School was held at the Academy of Medicine, 17 West Forty-third Street, on Tuesday, January 12. Miss J. Amanda Silver, who has been the faithful president for the past year, was reëlected. The following officers for 1904 were duly installed: First vice-president, Mrs. Harriet Porter Ingersoll (reëlected); second vice-president, Miss Jennie W. Simmons; recording secretary, Miss Grace Forman; corresponding secretary, Mrs. Julia M. Syron; financial secretary, Mrs. Clinton Stevenson; treasurer, Miss Martha C. Drew. A vote of thanks was given to the outgoing officers and the various committees who had served during the past year. After a short discussion regarding the formation of the New York County Nurses' Association the usual routine business was transacted and reports from the various committees read. After the meeting the nurses adjourned to the banquet-hall. The refreshments which followed were a donation from Mrs. C. P. Armstrong and were much appreciated.

PHILADELPHIA.—The Alumnæ Association of the University of Pennsylvania Hospital held its regular monthly meeting on Monday, January 4, at three P.M. in the Nurses' Home, the president, Miss Rudden, in the chair. Eleven members were present and the usual routine business was transacted. A registering board for use of alumnæ members, to be kept at University Hospital, has met with the approval of Miss Smith, the hospital staff, the Training-School Committee, and the Executive Committee, and will be placed as quickly as possible. Miss Keen and Miss Conard were appointed a committee to raise funds for the entertaining of the delegates to the annual convention of the Associated Alumnæ. Miss Brobson urged all present to make a supreme effort to attend the State Association meeting in Harrisburg on January 20 and 21. New Year's greetings were extended the association from distant members as follows: Mrs. Williams, Minneapolis, Minn.; Miss Rose Smith, Baltimore, Md., and Miss A. J. Weaver, Erie, Pa. Meeting adjourned.

NEW YORK.—The Alumnæ Association of St. Luke's Training-School for Nurses, New York, held a very successful sale and musical during the past month. The Nurses' Home, Vanderbilt Pavilion, which was used for the occasion, was very tastefully decorated. A Japanese tea-room, orange grove, and a wise astrologer were among the various attractions. The different booths were in charge of the nurses in their pretty and picturesque uniforms. Between four and five thousand dollars of the necessary fifteen thousand was realised for the endowment of a room in the new pavilion for the use of sick graduates of the hospital. Madam Louise Sheldon, Miss Marta and Tilli Wall, Miss Mae Mix, Miss Mary Brennan, Mr. Julian Pascal, Mr. John Perry Boruff, and Mr. Oley Speaks kindly gave their services and did much towards making the entertainment a success. The coöperation of the Board of Managers, as well as their generous contribution of seventeen hundred dollars, were greatly appreciated by the nurses.

PHILADELPHIA.—The regular meeting of the Nurses' Alumnæ of the Methodist Episcopal Hospital was held at the hospital on December 9, 1903. Seventeen members responded to roll-call. After the regular business the Committee on Endowment Fund for Nurses' Bed reported having completed arrangements for a musical in the near future for the benefit of the fund. Letters of greeting from absent members were read, one coming all the way from Manila. Miss Edith Wetherill read a very interesting report of the State Convention in Pittsburg. The meetings are always enjoyed by those who attend, as are also the social chats before and after the meetings. The earlier classes were better represented at this meeting than usual.

BRISTOL COUNTY, MASS.—A mass meeting of the graduate nurses of Bristol County, Mass., was held at Morton Hospital, Taunton, December 30, 1903. There were addresses by Dr. Presby, of Taunton, and Miss C. D. Noyes, of New Bedford, counsellor to the Massachusetts State Nurses' Association for Bristol County. A collation was served by graduates of Morton Hospital, after which the meeting reassembled and an organization was formed with Miss C. D. Noyes as president; Mrs. Evelyn Tilden and Miss Ella Sears, vice-presidents; Miss Seaver, treasurer, and Miss Jessie L. Marriner, secretary. Forty members were enrolled and all joined in extending thanks to the management and alumnæ of Morton Hospital Training-School for their cordial entertainment.

NEW YORK COUNTY.—The third of the preliminary meetings for the purpose of forming an association of registered nurses of the County of New York was held on Monday, January 18, 1904. Through the courtesy of Miss Delano the meeting was held at Bellevue, the business considered a constitution and the by-laws. A Nominating Committee was appointed. At the meeting held January 25, 1904, the constitution and by-laws were adopted and the following officers elected: President, Miss Amanda Silver; first vice-president, Miss Kilpatrick; recording secretary, Miss Smith; corresponding secretary, Miss Elizabeth Burns; treasurer, Miss Greenthal; trustees—Miss Anna W. Goodrich, Mary E. Thornton, and Miss Anna Daniels. The three members at large who complete the Executive Committee are Miss Irene Yocum, Miss Atwater, and Miss Bissell. Miss McKechnie was made chairman of the Committee on Credentials, and Miss Mabel Wilson chairman of the Committee on Finance. The next meeting will be held in March on the first Tuesday at eight in the evening at the Presbyterian Hospital.

DETROIT, MICH.—The Detroit Graduate Nurses' Association held its first annual meeting on December 4, 1903, in Room 416, Washington Arcade. Reports of the past year's work were read. The roll-call showed a membership of seventy-seven. The association will take a short course in parliamentary law with Mrs. Emma Fox preparatory to State organization. The officers for the ensuing year are: President, Mrs. L. E. Gretter; first vice-president, Miss E. Courtney; second vice-president, Miss E. Miller; recording secretary, Miss M. Hartford; corresponding secretary, Miss A. G. Deane; treasurer, Miss L. Buell.

NEWARK, N. J.—The Nurses' Alumnæ Association of the Newark City Hospital gave a progressive whist on Monday evening, December 14, 1903, at Oratan Hall for the purpose of raising funds to furnish and maintain a room for sick nurses. It was a great success, and a handsome sum was realized. About four hundred people were present and sixty tables played. Among the guests were many prominent physicians with their wives. The hall was tastefully decorated with palms and flags. Handsome prizes were distributed and refreshments served. The nurses were in blue and white, the school uniform.

NEW YORK.—The January meeting of the Association of Graduate Nurses in Manhattan and Bronx was held on January 11, at the League for Political Education, 23 West Forty-fourth Street. Miss Sophia F. Palmer was unanimously elected an honorary member of the association. Under the auspices of the Entertainment Committee a very interesting address on "Current Events" was given by Miss A. Rhodes and was greatly enjoyed by all. Delegates were elected to the meeting of the County Society of Nurses to be held the third week in January.

NEW YORK.—At a special meeting of the New York Post-Graduate Hospital Nurses' Alumnæ Association, held on December 17, 1903, at the Margaret Fahnestock Training-School, the following officers were elected for the ensuing year: President, Miss Charlotte Ehrlicher, German Hospital, Seventy-seventh Street and Lexington Avenue; vice-presidents, Miss Daisy Ding, Miss Flora Chapman, Mrs. Scott, Miss Emmott; secretary, Miss Gertrude E. Selden, 167 East Sixty-ninth Street; treasurer, Miss J. E. Van Zandt, Post-Graduate Hospital.

Worcester, Mass.—A second meeting of the Worcester County Nurses' Association was held yesterday afternoon at the Memorial Home for Nurses, City Hospital. The principal business was the presentation of the constitution and by-laws for the association, drawn up by Miss Rachel Metcalf, Miss Mary R. Brown, and Miss Cecelia M. Merrilly, which were accepted. The regular meetings of the association will be on the third Wednesdays in January and September.

Philadelphia.—The Woman's Hospital Alumnæ Association held its regular monthly meeting at 1227 Arch Street, Philadelphia, January 13. Owing to the inclement weather there were only a few nurses present. After the business was finished several letters from alumnæ members were read in reference to State registration, also a letter from Miss Byers, one of our nurses, who has charge of the Civil Hospital in Santiago.

Brooklyn.—The annual meeting of the Alumnæ Association of St. Mary's Training-School was held on January 4, 1904. The usual routine of business was transacted. The officers elected for 1904 are as follows: President, Miss M. A. O'Neill; first vice-president, Miss Ada Clarke; second vice-president, Mrs. M. McCaughey; treasurer, Miss M. McCarthy; secretary, Miss D. M. Macdonald.

Brooklyn.—The regular monthly meeting of the Brooklyn Hospital Alumnæ was held on Tuesday, January 5. In spite of the frigid weather the meeting was well attended, but owing to delay on the part of the lawyer, nothing was done towards revising the constitution as was expected. After the meeting adjourned, coffee and cake were served and the usual social half-hour was spent.

Minneapolis.—The graduates of the City Hospital Training-School assembled at the parlors of the Nurses' Home on December 4, 1903, at seven-thirty P.M. and organized a Nurses' Alumnæ Association. After the business meeting refreshments were served by Misses Larsen and MacDermid.

Detroit, Mich.—The annual meeting of St. Mary's Hospital Nurses' Alumnæ Association was held January 14, 1904, in the nurses' temporary home, 29 Henry Street. After the usual routine of business was transacted the election of officers for the ensuing year took place.

Philadelphia.—No meeting of the Philadelphia County Association was held on Wednesday, January 13.

MARRIED

At Cleveland, O., December 21, 1903, Miss Wilfreda Brockway, graduate of St. Luke's, Chicago, Class of 1902, to Mr. Frederick Deknatel, of Chicago. Mr. and Mrs. Deknatel will reside at Hull House, Chicago.

On October 7, 1903, at Brooklyn, N. Y., Miss N. C. Hughes, of the Class of 1898, St. Mary's Training-School for Nurses, to Mr. W. H. Raney. Mr. and Mrs. Raney will reside at Prescott, Ontario, Can., as Mr. Raney is the leading druggist of that place.

OBITUARY

THE following resolutions were adopted at the January meeting of the Alumnæ Association of the Connecticut Training-School for Nurses:

"WHEREAS, It has pleased our Heavenly Father to take from our midst Mrs. Emma J. Risley. We, her associates, feel that in her death we have lost a sincere and much-loved friend, and the profession a most highly esteemed member.

"*Resolved*, That we do sincerely sympathize with her daughter in her great bereavement, and desire to express to her the esteem in which we held our sister nurse.

"*Resolved*, That a copy of these resolutions be sent to her daughter, a copy recorded in the minutes of the association, and also that a copy be sent to THE AMERICAN JOURNAL OF NURSING for publication.

"MARTHA J. C. SMITH,
"ANNA M. LOCKERBY,
"ROSE M. HEAVERN,
"Committee."

THE members of Camp Liberty Bell have heard with sorrow of the death of their comrade, Julia H. Murphy, and would extend their heartfelt sympathy to her family and friends in their bereavement.

REBECCA JACKSON,
Captain of Camp.

PHILADELPHIA, January 8, 1904.

AT her home in Morristown, N. J., November 18, 1903, Miss Charlotte E. Paxton, of the Class of 1890 of the Brooklyn Homœopathic Hospital Training-School.

SUDDENLY, at Charleston, S. C., of pneumonia, Mary Wallis Heriot, of the Johns Hopkins Hospital Training-School, Class of 1894.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

ORGANIZATION NOTES

It is to be hoped that the officers and councils of the Superintendents' Society and Associated Alumnæ, at present united in the American Federation of Nurses, will study carefully the following resolution, which is to be presented at the Berlin Congress for action:

"*Resolved*, That the executive recommend that a motion be placed on the agenda for the quinquennial meeting of the International Council as follows: 'That societies of women internationally organized may become members of the International Council of Women on conditions which shall be submitted to the National Councils for decision by the president, the chief principles underlying such conditions to be (*a*) that such International Society have branches in not fewer than three different countries; (*b*) that such International Society submit its constitution and its membership in different countries; (*c*) that at least two-thirds of the National Branches of such International Society be affiliated to the National Council of their own country; (*d*) that no such International Society be given more than one vote, or, say, one-third of the total number of votes given to National Councils.'

"That only those international organizations be accepted into the International Council of Women whose branches are affiliated to the National Councils in all countries where National Councils of Women exist.

"That the fee for International Societies be fixed at one hundred dollars, and that such societies as are accepted be allowed each one representative on the Executive Committee and on the council."

It may be some time before there is an International Council of Nurses formed of national societies, but it will surely come before many quinquennials have passed. Already the nurses of Germany have organized their national body, and we have ours. English nurses, who have a number of strong and influential local groups like our alumnæ, have not yet united into one national body, but it is quite certain that they will some day. (We speak now as a prophet, and not with information.) The Australian and New Zealand nurses, who are full citizens of the most enlightened countries on the globe, should be in almost every respect ready, and now the practical point for us is, that only through affiliation with the National Council of Women at home can we share in the work and glory of this magnificent congress of women from all over the world, whose certain mission it is to create a new form of moral standards and a new type of the ideal.

It is true that at home our National Council of Women, owing to the supremacy of the Federation of Women's Clubs, is not as strong and effective as the councils in other countries, and that so far as home affairs are concerned

there does not seem to be any great and evident reason why we should belong to it.

But we believe that a supreme and sweeping reason is to be found in these international gatherings, by membership in which we may greatly help in the work of elevating undeveloped womanhood in all countries.

We ought not to go to these great gatherings simply as spectators, as one goes to the theatre, but as reënforcements to a great army whose cause is just.

THE ENGLISH REGISTRATION MOVEMENT

We learn with the greatest satisfaction that the English Society for State Registration has presented a registration bill to its members for approval, and that it has been adopted and is now ready to present to hospital committees, medical, nursing, and political bodies for their suggestions and criticism. The campaign of the English society has been splendidly conducted, and the most striking demonstration of its success is the complete capitulation of the Royal British Nurses' Association, which now comes out for registration after having been a complete bar and block in the way for ten years.

Truly, nothing is impossible, even the moving of mountains.

NURSING REFORM IN FRENCH HOSPITALS

The first feeling upon reading the masterly paper read by Dr. Anna Hamilton at the Third Hospital Congress in France is one of amazement that it should be necessary to reiterate the very "a, b, c" of good nursing to the men of a nation so distinguished for mental ability and professional brilliancy as the French, especially if they have ever visited the hospitals of Great Britain, Holland, Denmark, Sweden, or Germany. The second feeling is, that with the sole exception of Dr. Hamilton herself the *women* of France have not been doing their duty. Now at last, as the reward of her crusade, comes the gratifying news that the Municipal Council of Paris intends founding, at an expense of one million francs, a thoroughly modern nursing school with class- and lecture-rooms, where the pupils will live under careful supervision, and where they will receive a practical hospital training as well as theoretical instruction. We rejoice in this outcome of the various efforts at reform in France, and hope that the Municipal Council will not fail to place a thoroughly efficient woman in full charge of the nurses. We give the following abstract * from Dr. Hamilton's paper, just to show how her task has been "line upon line—precept upon precept:"

"It is of the utmost importance that candidates for nursing should possess a good education. Lacking the self-reliance and culture which are conferred by a good education, the delicate nature of nursing service will inevitably degenerate into coarseness.

"After an experience of twenty-five years we are able to assert positively that professional instruction alone has not improved the quality of hospital nursing. The Parisian nurse remains of the servant class, whilst in the north of Europe, since Miss Nightingale's reforms, she has come from the same social class as the physician.

"This statement may be verified by observing the hospitals of England,

* Abstract from "Instruction professionnelle et Situation du Personnel Secondaire des Hôpitaux," read by Dr. Anna Hamilton at the Third National Congress of Hospitals and Charities, Bordeaux, June, 1903.

Sweden, and Holland, and yet the instruction given in Paris is much more developed and scientific than that in London, Stockholm, or Amsterdam.

"Dr. Bourneville, founder and director of the municipal training-schools for nurses in Paris, has acknowledged, after twenty years of experience, that the instruction which is indispensable for our times is insufficient to make a perfect nurse. It needs to be supplemented by moral qualities which cannot be acquired by training and which the diploma cannot confer.'

"Also, Mons. Henri Monod, director of the 'Assistance publique,' in a pamphlet treating of the establishment of training-schools in the provinces, declares that 'the school should not limit itself to giving theoretical instruction; that the essential element of nursing education could only be learned by practice at the bedside of the sick.'"

Dr. Hamilton outlines a practical reform as follows:

"The hospital which is to serve as a school should be divided into sections, each comprising one or more wards, under the charge of a certificated and experienced nurse, who should have a sufficient number of trained assistants.

"The pupil must be able to devote her whole time to the work. Candidates having family obligations should not be taken. The married woman must either sacrifice her family to her occupation or her occupation to her family. The sick should not be exposed to such an alternative. Only the single woman or the widow should be taken. The pupils should spend eight or nine hours of each day in the wards, working under the direction of the supervising nurses."

Dr. Hamilton then describes with great clearness and detail the ideal of what a good nurse should be, and recounts her duties and what may be expected of her.

"The practical teaching must be supplemented by class work and note-taking under the head nurses, and the pupil should pass in turn from one division to another."

Dr. Hamilton specially emphasizes the importance of the trained head and supervising nurses, saying that upon them primarily will depend the success of the school.

She also thinks that the school is more likely to succeed if it is attached to a hospital having no medical school, chiefly because the French students have been accustomed to do much that properly belongs to the nurse. The practical house physician often knows much better how to lecture to nurses than the learned professor of a university.

"The instruction should be simple. The tendency in France is to give lectures suitable to an assistant physician, and the few manuals on nursing which are written in French treat the subject of nursing as if it were minor medicine and surgery. The hours of class teaching should be systematic and not too many, and practical examinations should demonstrate the practical attainments, with written ones for the theoretical side. The nursing service, being of women, can only be properly and effectively directed by a woman."

Dr. Hamilton then recounts the proper authority and standing which this trained head should be accorded, quite as we are accustomed to see her. She then goes on to say that another reason why it is better for the nursing school to be separated from the medical school is that students are accustomed to see in nurses a class of inferior beings whom they make fun of and do not respect.

[We are much inclined to think that a most salutary effect would be wrought upon these youths by the presence of refined and educated women nurses in their wards. We have too often seen these raw young cubs transformed into gentle

and humane beings under the systematic training of the ward nurses not to believe that it would not hurt the nurses and would immensely benefit the students to have them in the same hospital.]

Dr. Hamilton then discusses the financial question, and shows how the present clumsy method of paying salaries to a number of ineffective people could be changed to the school system. She also advocates separate buildings for nurses' homes. No such thing now exists in France, and the squalor and unpleasant surroundings of nurses' quarters in French hospitals form a serious impediment to the entrance of refined women. She concludes by recommending to the observation of the members of the Congress the Protestant hospital at Bordeaux, where, under her direction, has been established the only school in France where a thorough two-years' course is taken under the management of a trained head, where a uniform is worn, where only pupils of good education are accepted, where the pupils pay for their training, and where a certificate is given after theoretical and practical examination.

LETTERS

In my visitations to Continental hospitals I have seen some of the most beautiful and also the cleanest hospital kitchens imaginable, and have been surprised to find in how many of them all—or nearly all—of the work is done by women. One sometimes feels here that the kitchen stands on a higher plane than it does with us. We seem to be a little ashamed of kitchens, and often give them a mean corner and ugly appliances. Our home kitchens are usually hideous, and over here they are apt to be among the prettiest rooms of the house. To be sure, in these hospitals nothing like our charming little diet- or teaching-kitchens is even imagined, nor, except in some private hospitals, is the dainty tray to be found such as we have it under the beautifying influence of our domestic science teachers in training-schools. But some of the big hospital kitchens are beautiful to behold.

There seems to be a modern prejudice against brass and copper utensils, and no doubt iron-agate ware is more hygienic and easily cleansed. It is certainly also very pretty in the blue and white; but there is a kind of stunning gorgeousness about a huge hospital kitchen completely fitted out with brass and copper of the most solid and massive handwork and shapes of antique and classic beauty, all polished until they reflect the light. A special one of these pictures of mediæval kitchen beauty and cheer was in Bruges, at the hospital of St. John. Deep covetousness filled my soul at sight of the copper bowls and brass pitchers hanging on the wall and standing about all ready to be stolen. The nun in charge, moving about in the dim spaces (for that kitchen was rather dark) in her robes and bat-like cap, made a most charming picture of a kitchen of the olden time. Then I shall not forget the kitchen in the big city, or rather canton, hospital at Berne. This was quite modern in its fittings and of a spotless cleanliness. One could not only have eaten off of the floor, but have quite enjoyed doing so. In the midst was a slender and even delicate-looking young deaconess in her dress of dark blue with small white spots and cap, who was the presiding genius of the kitchen. Every morning at six o'clock she was in the kitchen, her staff of women being there at four. She had a couple of men to do heavy work, but all the cooking was done by women under her supervision. The

arrangement of everything was most orderly and dainty, and the kitchen was bright, as it was on the ground floor of a pavilion which stood in the exact centre of the whole architectural plan, the wards being along three sides of a great square, the administration in front and the kitchen in the middle of the open space. Its architectural outline, with a big clock-tower, was so attractive that it was ornamental rather than otherwise.

Another beautiful kitchen was in Munich in the General Hospital. The hospital has eight hundred beds, and the kitchen was spacious, with a number of smaller sub-kitchens opening from it in three directions. It was completely furnished with a most lavish and beautiful array of brass and copper very picturesquely arranged, some hanging in rows and some standing on shelves, the huge caldrons all in their places on the great fireplace. One small room was completely filled with brass jugs and other utensils waiting to be scoured and polished. The hospital is in charge of Catholic sisters, and there were five or six of them in the kitchen and its precincts, all at work cooking different things. In one small wing apple tarts were being made; in another the vegetables were being cut up. This kitchen also was as clean as wax, and had a hospitable and home-like atmosphere that was very noticeable. It seemed like a place that was lived in. The sisters were cheerful, friendly souls, not in the least austere, and seemed much pleased at our interest and admiration. (Mrs. Robb was with me.) The head sister told us she had no men—only women—help, and that these prepared vegetables and cleaned up, but that the sisters did the entire cooking with the exception of the bread, which was bought. Their diet-lists too were very detailed and systematically kept, with duplicates in the bread-room, where sat the sister who attended to the bread-cutting machine, which slices bread into any desired width. (Have we these machines at home? I am ashamed to say I do not remember positively, but seem to have a recollection of ward maids or junior nurses slicing the bread by hand.) I saw the bread-cutting machine first in the Wilhelmina Hospital in Amsterdam, and in Holland kitchens and kitchen appliances are elevated to a fine art, both in convenience and attractiveness. Now perhaps the sisters are not always good nurses, for they do not receive the training, but these German sisters are certainly notable housekeepers, and a prettier sight than this great kitchen, the sisters in big aprons, white fichus, and heavily pleated white linen caps, would be hard to find.

But perhaps the most sumptuous and amazing kitchen of all, so far seen, was the one in Venice in the Civil Hospital. This was bigger even and more opulent-looking, and its brasses more bewildering, more enormous, and more varied than any, for it had to provide for thirteen hundred patients. This too was beautifully clean—indeed, the whole hospital was the cleanest place we had seen so far in Italy. Here Sisters of Charity were in charge, wearing close black hoods and white aprons, and giving the same air of sweetness and charm. Four men assistants were allowed in this kitchen to do heavy work.

Now one delightful kitchen was not in a hospital, but I must just put it in, for it was in a *Hospis*—the hospis on the top of the Simplon Pass coming by post-wagon from Switzerland to Italy. The monks here entertain all travellers, as they do on the Saint Bernard, and their kitchen was big enough to stow away a hundred people, with a huge fireplace in the middle with its copper caldrons full of hot beef-tea. The post wagons always stop here, and the whole train filed in to be refreshed. As the pass was covered with snow, the hot bouillon was most acceptable. The monk in his brown robes was a fatherly

soul, but loveliest of all, behind the fireplace in a choice spot, were seven young St. Bernard dogs, with their whole outfit of bones and warm mush-pot. Not all kitchens can boast of such an attraction.

And one more word: anyone who is interested in kitchens should not fail to visit the mediæval kitchen (now fully restored) in the "Gruut Huis" of the old Counts of Flanders, in Bruges, which shows all the curious cooking implements of wrought iron used in the fifteenth century, and another interesting one is that in Heidelberg Castle, with its open fireplace at which a whole ox could be roasted. L. L. D.

ITEMS

HYPODERMIC MEDICATION IN STERILIZED PHIALS

It may be that our hospitals at home have begun to use the sterilized phial medicaments for hypodermic injections, but if not, I should like to describe this method, which was new to me, and which seems to have many advantages over the tablets and other preparations for giving drugs hypodermically from the standpoint of surgical technique and asepsis. Details of technique must always interest the nurse, who is held responsible for many results. The Italian physicians in their practice and in hospital work use these phials entirely, and it was in Italy that I saw them.

The phials are very delicate little glass things, each holding just one dose of a given drug in solution, the strength being, of course, always designated. They have a long, delicate neck just a little larger than the hypodermic needle. They are filled in the manufactory under aseptic precautions, and then the opening of the tiny flask is hermetically sealed. When a hypodermic injection is to be given this seal is broken off, and the needle, which has been sterilized and placed in position on the syringe, is inserted directly into the long neck, the phial being held in an inclined position. The piston is then drawn and the syringe filled. It will be readily seen that perfect asepsis is obtained in this way.

The phials and contents are prepared by an Italian firm in Florence, and besides the usual drugs Italian physicians always order various drugs in this way which we are not usually accustomed to give hypodermically, such as preparations of iron, guaiacol, hypophosphites, etc. I went into Parke, Davis & Co.'s drug shop in Florence and asked them if they sent many of these phials to America. They said that they did send a good many to private physicians, but not to hospitals. It is possible they may be quite expensive, but even then I recommend them to the notice of our hospital superintendents. L. L. D.

Miss McGahey's friends in America will be sorry to hear that ill-health has prompted her to give up the hospital position which she has held with such conspicuous ability for twelve years in Prince Alfred Hospital, Sydney. We sincerely hope that a period of rest will completely restore her health, and would be glad to have her come to America via Berlin in the coming summer.

An English nurse, Miss Edla Wortabet, formerly at the head of St. George's Hospital, Beyrout, has written a book on nursing for the Syrians, which has been published by an Arabic journal and publishing company. Miss Wortabet has written a number of articles on hospitals of the Mediterranean which have ap-

peared in the *British Journal of Nursing*, some of which we have copied. They give a most entertaining description of Eastern ways, and reveal strong character and a rich sense of humor.

Dr. Schablau has written for the *Zeitschrift für Krankenpflege*, a German monthly, a highly commendatory account of the Mount Sinai Hospital Training-School in New York City, mentioning also the custom of the graduates of living together in club-houses with central telephone, where the physicians can reach them. This plan, which seems so natural and simple to us, is just being tried in Germany, and is regarded by many as an abominable innovation.

What a very unpractical and burdensome system that of the great London hospitals must be, by which no provision for pay patients is made, and all cases who enter must do so on the charity basis. Mrs. Bedford Fenwick, in the *British Journal of Nursing*, has often criticised this system and suggested the introduction of pay beds, and now it seems that our old friend and patron, Sir Henry Burdett, is suggesting the same thing. *Nursing Notes* makes very sensible comment, as follows:

". . . The hospitals are prohibited from allowing patients to pay according to their means, because it is as "free" institutions they obtain support from the wealthy, and, rightly or wrongly, the idea prevails among hospital administrators that the charitable will not give of their substance to institutions deriving any proportion of their income from patients' payments. Yet surely a hospital which can become partially self-supporting by allowing those who can afford and wish to do so to defray at least a part of the expenses of their treatment should merit help in even greater measure than one which makes capital out of the amount of its indebtedness and general impecuniosity. This condition of things exists at the present moment: that whilst the very poor can command the best of medical skill freely and for nothing, and the rich can secure the same at a very high figure, the large intermediate mass of the community, from the clerk or working woman, whose income may be one hundred pounds to three hundred pounds a year, to the professional man, with a family to educate on anything under one thousand pounds, are obliged in many cases either to pay far more than they can properly afford in times of illness, or unwillingly take advantage of free institutions which are intended for quite another class of persons."

"Grace J. Gillie" in a report sent to *Nursing Notes* on the school work says:

"We are pleased to be able to report the visit of a deputation from a neighboring town to see the work in some of the schools in Liverpool. The reports of school managers and teachers during past years have been so satisfactory that other Boards of Education are considering the advisability of having a nurse to visit in the schools—partly for the immediate benefit of the children and the checking of disease, but partly also from a purely business point of view—viz., that the attendance may be improved. . . .

"One of the visitors mentioned an objection in the minds of some of the members of the board as to the danger of taking too much responsibility from the parents by having the small ailments of the children attended to at the schools, but the teacher assured him that it was quite the reverse, and that the

parents were anxious to have their children cleaner and to look after them better since the nurse has been visiting the school.

"It has been suggested that nurses who have retired and are receiving a pension might be able to undertake the work of visiting the schools, and that in this way it could be done more economically, as the nurse might live with her friends, and only come to the home to give her weekly report and get supply of dressings, etc. We hear that some district nurses object to the school work if doing it entirely, and as 'Queen's' nurses they consider it very much less interesting than district work, and one can understand that there is not the same variety, but women of experience and good judgment are required in this department, where so many different questions arise which require to be dealt with carefully."

BURIAL OF THE DEAD IN ITS RELATION TO THE PUBLIC HYGIENE.—Those who shrink from the thought of cremation, either for their own bodies after death or for those of their friends, will be interested in the following synopsis of an article from a foreign contemporary which appears in the St. Louis *Interstate Medical Journal:* "D. Matthes (*Zeitschr. of Hyg. und Infect. Krankh.*, vol. 44, No. 3) says that the alleged hygienic nuisance caused by the burial of the dead in its extent and importance is generally overestimated is an opinion held by all not prejudiced by a false sentiment. The propaganda for cremation, of course, does not openly appeal to this sentiment, but justifies its claims by assuming as a truth that hygienic calamities have been brought about by the burying grounds and are liable to be brought on at any time. Many epidemics of typhoid, cholera, and other infectious diseases have been attributed to the proximity of these places and to the contamination of the water supply from them. Although it has long since been conclusively demonstrated that pathogenic germs disappear from the graves in a short time and cannot be found either in the grave itself or in the soil or in the water draining from it, the contamination of this water has constantly remained a source of suspicion. Matthes has for fourteen years kept a constant watch on the chemical constitution of the water from numerous wells situated on the grounds of the Ohlsdorf burying ground near Hamburg. The place occupies an area of one hundred and eighty-six hectars and in it are over two hundred and sixty thousand bodies. The wells are supplied mainly from the drainage of the grounds. The observations were begun at a time when large tracts were not used for the purpose in question and control was kept during the gradual accumulation of graves on them. The general findings were that the water differed in no way in its chemical quality from the water of surrounding localities, and especially that the amount of organic material in it was by no means higher. Nor was any change observed in the water of those areas that in the beginning of the investigation were unoccupied and only gradually filled with graves. Matthes's work is very conscientious and gives us at last a clear idea of the futility of all the apprehensions entertained concerning the danger of the home of the dead to the house of the living."

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JANUARY 8, 1904.

Bartholomew, Annie Moses, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Chamberlin, Anna B., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the transport Thomas January 1, 1904.

Gortsch, Bertha M., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila to accept civil position there.

Hunt, Helen Grant, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Thomas January 1, 1904.

Kelliher, Josephine F., on duty at the General Hospital, Presidio, San Francisco, under orders to sail to Philippines February 1, 1904.

McEvoy, Anna E., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila to accept a civil position there.

McInnes, Agnes, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

Moore, Nellie, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Thomas January 1, 1904.

O'Brien, Helen Grace, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

Rohlfs, Louise, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

Thompson, Dora E., transferred from the First Reserve Hospital, Manila, P. I., to the United States for duty. Arrived in San Francisco on the Sherman December 15, 1903, and assigned to duty at the General Hospital, Presidio.

Thompson, Ida L., transferred from the First Reserve Hospital, Manila, P. I., to the United States for duty. Arrived in San Francisco on the Sherman December 15, 1903, and assigned to duty at the General Hospital, Presidio.

Verdin, Clara A., on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

White, Ellen L., reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Ziegler, Barbara, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: In the January number of the JOURNAL a correspondent asks to hear from others about the housing of nurses, living, and registry.

The nurses of the New England Hospital Nurses' Club and Alumnæ Association have solved this problem effectively, securing a comfortable home and good living at a minimum by coöperation.

First find out how many nurses are willing to take rooms. Having found out, before beginning, look up your house, which should not be too large—it is easier to add than to cut down. Select it in a location best adapted to your needs, either near your hospital or doctors, and a good car line system giving access to all points is very necessary.

Having looked up your house, find out how many are willing to enter the scheme financially, the fewer the better.

We are fortunate enough to have our house near the hospital (and also the property of our hospital), which was let to us at a minimum rate for the first year.

Eleven members volunteered the necessary sum of money to furnish and start the house, forming a stockholders' company with shares of from twenty-five dollars to one hundred each, amounting to six hundred and fifty dollars.

Out of this the parlor, six bedrooms, a reading-room, dining-room, kitchen, and laundry were furnished, and coal and kindling wood purchased. A telephone was put in with repeater. Other rooms are furnished as applied for. The officers consist of a president (from the stockholders), secretary, and treasurer, Executive Committee, advisers, and House Committee. Meetings are held monthly. A stockholder does not necessarily live in the house.

When living in the house, stockholders pay the same for rooms and privileges as any nurse.

Nurses are charged one dollar and fifty cents per week for a bed or two dollars and fifty cents per week when rooming alone (furnished); unfurnished small room, two dollars. The rents are collected by the treasurer monthly, and all running expenses, such as gas, fuel, laundering of bed linen, house rent, housekeeper's salary, choreman's wages, and such incidental expenses in connection with housekeeping are paid from these. Any surplus money is banked. We do not board the nurses; they board themselves, either individually or (where there are two or more nurses rooming together) collectively, thus reducing board to a minimum rate. The marketing is done by the nurses themselves. We get better food than when paying for board "and have what we want." Saturday nights we have a baked bean supper, which costs about five cents each. Such times as Christmas or Thanksgiving all the residents combine, securing a very good dinner at a cost of not more than twenty-five cents each. We have no servants, but a working housekeeper. Nurses take care of their own rooms when "in," the housekeeper giving them a thorough cleaning once a week and a general supervision when the nurses are "out." Our object is not to make money, but to pay the debt due the stockholders as soon as possible and turn the concern over to the association. The registry is taken care of by the housekeeper. The

rates are low and the money is turned over to the treasurer—one dollar per year to residents and non-residents. If it be a registry call, the patient pays one dollar for each nurse procured. These fees are used for all the needs of the registry and to pay the rent of the telephone. There are no profits. I would advise any body of nurses to try this plan. The house has been running now harmoniously and paying expenses for six months. Remember, we do not aim to make money.

It is hoped that the association will be able to buy up some of the shares before very long.

A. DILLETT, Treasurer,
New England Hospital Woman's Club,
13 Dimock Street, Boston.

DEAR EDITOR: Our Christmas at the John Sealy Hospital, Galveston, Tex., was celebrated in true Christmas style. On Christmas Eve we decorated the main hall and stairway with holly and evergreens, and in each ward we placed a Christmas-tree. The patients assisted the nurses in decorating, and the trees looked very gay and bright in the pretty trimming—tinsel, balls, and popcorn. For each patient we had a bag of candy, some fruit, two handkerchiefs, and a cake of soap.

The morning of Xmas Day at about six o'clock the nurses met in the basement of the hospital and walked through the halls singing carols—"Hark, the Herald Angels Sing," "Joy to the World, the Lord is Come," and other pretty Xmas songs. The patients seemed to enjoy this part of the celebration very much, and especially in the colored hospital it seemed to be appreciated. At noon a turkey dinner was served with ice-cream for dessert. Nuts and raisins were passed around to the patients who could have such things. Everyone seemed to enjoy the day—patients, nurses, and doctors. The following lines were written by a patient in the charity ward:

"Though Christmas-tree and holly branch
Are far beyond my reach,
I wish to send my Christmas gift
To the nurses all and each,
Who, when I lay upon my bed,
A pauper patient in a pauper ward,
Did all they could to ease my pain
And looked for pay unto the Lord.

"To them I wish to send my thanks—
A small and foolish gift, 'tis true;
But from my heart it issues forth,
It's all that I can do.
I have no mines in which to toil,
For yellow gold to delve,
So all the Christmas gifts I have
Are Christmas thanks from number twelve."

M. M. T.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

EDITOR'S MISCELLANY

DRAFT OF A BILL FOR THE REGISTRATION OF TRAINED NURSES.—From the *British Journal of Nursing*, with annotations in italics:

TITLE.

AN ACT to regulate the qualifications of Trained Nurses and to provide for their Registration.

WHEREAS it is expedient that persons requiring nursing assistance should be enabled to distinguish qualified from unqualified nurses: Be it therefore enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. This act may for all purposes be cited as "The Nursing Act."

2. This act shall commence and take effect from the first day of October One thousand nine hundred and——

The name of the act as suggested by the members of the Society for the State Registration of Trained Nurses is comprehensive and exact.

CONSTITUTION OF GENERAL NURSING COUNCIL.

3. A council which shall be styled "The General Council of Nursing Education and Registration of the United Kingdom," hereinafter referred to as the General Nursing Council, shall be established as a body corporate by the name aforesaid having a perpetual succession and a common seal, with capacity to purchase and hold, sell, or dispose of property and land for the purposes of this act.

4. The General Nursing Council shall consist of:

Two persons to be appointed by his Majesty with the advice of his Privy Council, of whom one shall be a registered medical practitioner, and one shall be a nurse;

Two registered medical practitioners to be appointed by the General Council of Medical Education and Registration of the United Kingdom;

Six representatives of educational bodies, that is, the nurse-training schools, who must be actively engaged in the teaching of nursing, one to be elected for Scotland and one for Ireland;

Three past or present hospital matrons to be appointed by the Matrons' Council of Great Britain and Ireland;

One nurse to be appointed by the Queen Victoria's Jubilee Institute for Nurses;

One nurse to be appointed by the Royal British Nurses' Association;

Six nurses to be elected by the registered nurses resident in England and Wales;

Two nurses to be elected by the registered nurses resident in Scotland;

Two nurses to be elected by the registered nurses resident in Ireland; and of

A president, who shall be a registered nurse, to be elected by the General Council.

The nurses appointed as aforesaid shall be eligible to be, and shall in due course be, registered under the provisions of this act.

The constitution of this council is a matter of primary importance, because, as will be seen by reference to Clause 12 (the Duties and Powers of the Council), it is made under the proposed act the governing body of the nursing profession.

The essential principles incorporated in the formation of the council should be carefully noted.

In accordance with established custom, the government of the country must have representation on such a council; provision is therefore made for the appointment of two nominees of the Privy Council.

As the work of nursing is so intimately connected with that of medicine, due recognition is accorded to the right of the medical profession to representation on the council.

The educational bodies, the nurse-training schools, which have control over nurses during the probationary period, and will be responsible for preparing them for examination by a central board, have a right to help to define the educational curriculum adopted by the council.

Under this clause either matrons, medical lecturers on the theory of nursing, or sisters who are engaged in the practical instruction of probationers would be eligible.

Hospital matrons are given direct representation through the only organization of matrons,—the Matrons' Council,—thus securing to them a proportion of seats on the governing body, to which they might or might not be elected as representatives of educational bodies or as the direct representatives of the registered nurses.

The two chartered bodies of nurses, the Queen Victoria's Jubilee Institute and the Royal British Nurses' Association, are each accorded the right to elect a representative.

A most important principle embodied in the bill is the right accorded to the persons governed—i.e., the registered nurses—to select and elect ten representatives to sit on the council. Thus it is to a considerable extent elective, instead of being composed mainly of academic nominees. As such it must appeal periodically to the electorate, a form of constitution calculated to produce the most healthy and progressive tone in the governing body.

ELECTION OF REPRESENTATIVES OF EDUCATIONAL BODIES.

5. The six representatives of educational bodies shall be appointed by the Privy Council.

The only body with authority to discriminate between the diverse claims of the nurse-training schools to representation in the Privy Council, and the appointment of representatives of these educational bodies is accordingly placed in its hands.

ELECTION OF DIRECT REPRESENTATIVES.

6. The aforesaid elected nurses, who shall be termed "direct representatives," shall be elected in the first instance by the votes of such nurses as have been registered under the provisions of this act before the first day of January, 190—, and in future such elected members shall be elected by the whole body of registered nurses in such manner as the General Nursing Council, with the approval of his Majesty's Privy Council, shall from time to time determine.

7. The members of the General Nursing Council shall each be elected and appointed for a term of five years, and shall be capable of reelection and reappointment, and any member may at any time resign his or her office by letter addressed to the president of the said council, and upon the death or resignation

of any member of the said council some other person shall be constituted a member of the said council in his or her place in the manner hereinbefore provided, but shall vacate office at the time the member whose place he or she has taken would have vacated office; but it shall be lawful for the council during such vacancy to exercise the powers hereinafter mentioned.

8. The appointed members of the General Nursing Council shall hold their first meeting within three months from the commencement of this act in such place and at such time as one of his Majesty's Principal Secretaries of State shall appoint, and shall make such rules and regulations as to Section 11, I. (*d*), as to them shall seem expedient, which rules and regulations shall remain in force until altered at any subsequent meeting; and when such rules have been sanctioned by his Majesty's Privy Council nurses who are eligible under the said rules shall be forthwith registered.

9. In the absence of any rule or regulation as to the summoning of a meeting of the General Council, or in any case of urgency, it shall be lawful for the president to summon a meeting at such time and place as to her shall seem expedient by letter addressed to each member; and at every meeting, in the absence of the president, some other member to be chosen from the members present shall act as president; and all acts of the General Council shall be decided by the votes of the majority of the members present at any meeting, the whole number present not being less than eight; and at all such meetings the president for the time being shall, in addition to her vote as a member of the council, have a casting vote in case of an equality of votes; and the General Nursing Council shall have power to appoint an Executive Committee out of their own body, of which the quorum shall not be less than three, and to delegate to such committee such of the powers and duties vested in the council as the council may see fit.

6. We have defined the importance of these direct representatives in a previous column.

7. The term for which the General Nursing Council has been elected has been fixed at five years, as it was considered that this period was none too long in which to lay the foundations of and organize a legally constituted profession, and subsequently to secure continuity of business.

9. This section provides for the appointment of an Executive Committee, which presumably will be a small and active body authorized to deal with routine business.

APPOINTMENT OF OFFICIALS.

10. The General Council shall appoint one of their number as treasurer. They shall also appoint a registrar, who shall act as secretary of the General Council; the General Council shall also appoint so many clerks and servants as shall be necessary for the purposes of this act; and every person so appointed by the council shall be removable at the pleasure of the council, and shall be paid such salary as the council shall from time to time think fit.

11. It shall be the duty of the registrar to keep a register of trained nurses, which shall be called "the Nursing Register," correct in accordance with the provisions of this act and the orders and regulations of the General Nursing Council, and to erase the names of all registered persons who shall have died, and from time to time to make the necessary alterations in the addresses or qualifications of the persons registered under this act.

The registrar performs her work in accordance with the provisions of the act and the orders and regulations of the General Nursing Council. Their pro-

fessional register is therefore controlled by the registered nurses themselves. The importance of the right thus accorded to them cannot be overestimated.

DUTIES AND POWERS OF THE COUNCIL.

12. The duties and powers of the General Nursing Council shall be as follows:

I. To frame rules—(*a*) regulating their own proceedings; (*b*) regulating the issue of certificates and the conditions of admission to the register of trained nurses; (*c*) regulating the course of training and the conduct of examinations, and the remuneration of the examiners; (*d*) regulating the admission to the register of women already in practice as trained nurses at the passing of this act; (*e*) regulating, supervising, and restricting within due limits the practice of trained nurses; (*f*) defining the particulars required to be given in any notice under this act;

II. To appoint examiners;

III. To decide upon the places where, and the times when, examinations shall be held;

IV. To publish annually a register of trained nurses who have been duly certified under this act;

V. To decide upon the removal from the roll of the name of any trained nurse for disobeying the rules and regulations from time to time laid down under this act by the Central Nursing Council or for other misconduct, and also to decide upon the restoration to the roll of the names of any trained nurses so removed;

VI. To issue and cancel certificates.

And generally to do any other act or duty which may be necessary for the due and proper carrying out of the provisions of this act.

Rules framed under this section shall be valid only if approved by the Privy Council.

By carefully studying this clause it will be found that the General Nursing Council will be empowered to consider the present condition of nursing in all its bearings, and after due deliberation to define an educational curriculum, appoint examiners, and control the register of trained nurses.

PROVISION FOR EXISTING NURSES.

13. Any woman who, within two years from the date of this act coming into operation, claims to be certified under this act, shall be so certified provided (1) she holds a three-years' certificate of training from a hospital approved by the General Nursing Council and is of good moral character, or (2) produces evidence of training satisfactory to the council, and that, in addition, at the passing of this act she had been for at least three years in *bonâ fide* practice as a nurse and is of good moral character.

Applicants for registration must produce evidence that they are at least twenty-one years of age.

Under this clause the rights of nurses trained before the present standard of three-years' training and certification became general are safeguarded. Legislation involving rights of this kind is never retrospective, and it is provided that full justice shall be done to existing nurses who have been trained and engaged for three years in the bonâ fide practice of their profession.

FEES AND EXPENSES.

14. There shall be payable by every woman presenting herself for examination or certificate such fee as the General Nursing Council may, with the approval of

the Privy Council, from time to time determine, such fee not to exceed the sum of two guineas. All such fees paid by nurses in practice at the passing of this act and by candidates for examination, and all fines and penalties recovered under this act, shall be paid to the General Nursing Council. The said council shall devote such fees to the payment of expenses connected with the examination and certificate and to the general expenses of the council. The council shall, as soon as practicable after the thirty-first day of December in each year, publish financial statements made up to that date, showing the receipts and expenditure during the year and also the assets and the liabilities of the council at the aforesaid date, which statement shall be audited and certified as correct by an accountant who shall be a member either of the Institute of Chartered Accountants or of the Incorporated Society of Accountants.

15. All moneys payable to the council shall be paid to the treasurer of the council, and shall be applied to defray the expenses of carrying this act into execution.

16. There shall be paid to the members of the council such fees for attendance and such reasonable travelling expenses as shall from time to time be allowed by the General Nursing Council.

The sum of two pounds and two shillings has been suggested as a maximum fee to be paid by candidates for examination and registration.

PENALTIES FOR PERSONATION OR SUBSTITUTION.

17. (1) From and after the first day of October, One thousand nine hundred and ———, any woman who not being certified under this act shall attempt to personate any nurse certified under this act, or who shall take or use the name or title of registered nurse or the abbreviation R.N. (either alone or in combination with any other word or words, or letters), or any name, title, addition, or description implying that she is certified under this act, or is a person specially qualified to practise nursing of the sick, or is recognized by law as a registered nurse, shall be liable on summary conviction to a fine not exceeding ten pounds, or in default thereof to three months' imprisonment.

PENALTY FOR OBTAINING A CERTIFICATE BY FALSE REPRESENTATION.

18. Any woman who procures or attempts to procure a certificate under this act by making or producing, or causing to be made or produced, any false and fraudulent declaration, certificate, or representation, either in writing or otherwise, shall be guilty of a misdemeanor, and shall on conviction thereof be liable to be imprisoned, with or without hard labor, for any term not exceeding twelve months.

PENALTY FOR WILFUL FALSIFICATION OF THE ROLL.

19. Any person wilfully making or causing to be made any falsification in any matter relating to the register of trained nurses shall be guilty of a misdemeanor, and shall be liable to be imprisoned, with or without hard labor, for any term not exceeding twelve months.

20. Any registered nurse thinking herself aggrieved by any decision of the General Nursing Council removing her name from the register of trained nurses may appeal therefrom to the High Court of Justice within three months after the notification of such decision to her; but no further appeal shall be allowed.

Where any person deems herself aggrieved by any determination of any court of summary jurisdiction under this act such person may appeal therefrom to the Court of Quarter Session.

17, 18, 19. *Penalties are asked for in cases (a) of personation and substitution; (b) of obtaining a certificate by false representation; (c) for wilful falsification of the roll, for the protection both of registered nurses and the public.*

20. *Ample provision is made under this clause for a nurse to appeal against any decision of the General Nursing Council for removing her name from the register.*

PROSECUTION OF OFFENCES.

21. Any offences under this act punishable on summary conviction may be prosecuted by authority of the General Nursing Council.

22. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and, also, it shall not apply to any person attending the sick for hire but who does not in any way assume to be a trained or registered nurse.

23. Nothing contained in this act shall be considered as conferring any authority to practise medicine or to undertake the treatment or cure of disease.

22. *Under this clause perfect liberty is secured to the public to employ and remunerate any person as an attendant on the sick so long as such attendants do not assume to be trained or registered nurses.*

23. *This clause provides that a registered nurse shall not assume the practice of medicine, but shall act strictly under medical direction in relation to the treatment and cure of disease.*

IN THE INTERESTS OF THE BILL FOR STATE REGISTRATION TO BE INTRODUCED AT THE PRESENT SESSION OF THE MARYLAND LEGISLATURE.—

To the Nurses of the State of Maryland:

Within the last month meetings were held in Baltimore to which all nurses in the State of Maryland were invited, resulting in the formation of a State Society of Graduate Nurses.

The general object of this society is to promote the welfare and uphold the honor of the nursing profession for the benefit of the public whom it serves, and its first step in this direction is the establishment of a standard of education, fitness, and ability, and through proper legislation and maintenance of such a standard. For this object a bill has been prepared by the society and submitted to the highest legal authority for revision. The substance of this bill, briefly stated, is as follows:

Prior to June 1, 1906, all nurses of good standing who answer to the following description may register without examination.

Graduates from all general hospitals giving a two-years' course; nurses having obtained an equivalent training in two or more hospitals; nurses graduated from special hospitals who shall obtain further training of one year in a general hospital; nurses graduating prior to 1907 from a general hospital giving one-year's course.

After June 1, 1906, a State examination will be required. Those then desiring to register as trained nurses must be twenty-three years of age, of good moral character; they must have received the equivalent of a high-school education, and have been graduated from a training-school connected with a hospital of good standing where three years of training and systematic instruction are given in the hospital.

The passage of this bill will not affect any persons nursing the sick who do not assume to be trained or registered nurses. It will, however, make it impossible for such persons to stand, as they do at present, on exactly the same

basis as the nurse who has given three years of hard work and study to obtain her profession.

It will make it impossible for the unqualified to assume that they are qualified, or for the unscrupulous to carry on freely a work which more than almost any other demands high character as a first requisite of those engaged in it.

The passage of this bill will be of importance, therefore, in protecting the nursing profession from the incompetent, ignorant, or unscrupulous to whom the work of nursing now offers a fair field with no restrictions. It is estimated that the number of untrained women (consisting to some extent of rejected probationers and dismissed pupils) who are actively engaged in the country is nearly three times as great as the number of regularly qualified nurses.

The chief benefit of this bill, however, will be to the public, in furnishing it with a means of discriminating between ability and incompetence; in supplying a guarantee that those who are known as registered nurses have furnished satisfactory evidences to the State of their fitness and ability to give efficient care to the sick. The passage of the bill must inevitably result in improvement in the education and training of nurses.

Those nurses who are anxious to uphold the honor and dignity of their profession, and to promote its usefulness in order that it may best minister to the needs of the community, should lose no opportunity to interest the public in what is really a measure of public importance. Most valuable help and support has been obtained in other States through physicians, patients, and friends, and no effort should be spared which can serve to make clear that for the safety of the people it is as important that a nurse should be able to show that she possesses the necessary skill, knowledge, and ability for her work as it is for a doctor, a lawyer, an engineer, or a pilot to do so.

The society in preparing this bill has done so with the hope of establishing such standards as will enable a nurse registered in the State of Maryland to command recognition and respect anywhere.

By order of the Board of Directors of the State Society.

SARAH F. MARTIN,
Superintendent the Robert Garrett Free Hospital for Children;
HELEN C. BARTLETT,
The Johns Hopkins Hospital Training-School Alumnæ Association;
ELEANOR PARKER,
President the Baltimore City Hospital Training-School Alumnæ Association,
Committee on Publication and Press.

COÖPERATION AMONG DISTRICT NURSING ORGANIZATIONS.—In the early part of December an interesting conference was called in New York to consider the subject of district nursing and its problems and methods of service. This conference was under the auspices of the Philanthropic Committee of the Women's Conference of the Ethical Society, and interesting reports were read by Mrs. Hunter, a nurse attached to the Demilt Dispensary, by Mrs. Felix Adler, and others. Miss Lillian D. Wald, of the Nurses' Settlement, took an active part in the discussion, giving a resumé of the work done in the settlement; and there arose from the various reports and discussions an animated controversy in regard to the necessity of coöperation between the different organizations of the district nursing force, that there should be no overlapping in this kind of service and that all sections of the city should be carefully covered. As a result of this con-

ference a committee was appointed to provide, if possible, some means of more helpful cooperation between the various important centres of which Miss Wald and Miss Hitchcock were members.

The editor of *Charities* in commenting upon this conference says some good things in the interest of nurses, but we do not endorse the impression which he gives—that there is ever any unwillingness on the part of district nurses or any other nurses to work under the instruction of physicians. With this exception, the *Charities* comment is interesting, and we give it in full:

"Compared with utopian visions of the ideal commonwealth, the programme of the nurses is modest indeed; and yet the diligent and devoted nurse who goes in and out among the sick poor in her ministry of love is, of course, doing more to usher in the Kingdom of Heaven on earth than the prophet who predicts great commercial crises and industrial depressions and unemployment and hard times, and revels in his predictions; who flippantly charges that Christians pray that the Kingdom of God may come and vote against it; and who patronizingly hails the captains of industry and the organizers of trusts as promoters of socialism.

"The particular point of this discussion was the possibility of improving the present rather chaotic condition of district nursing in New York, which strikes us rather as a problem for administrative statesmanship and for mutual understanding among various agencies now partially occupying the field, than as a subject for joint debate. The long-standing controversy was reopened to some extent as to whether the district nurse is the doctor's nurse or the patient's nurse; whether the nurse is simply the absolute tool of the physician, doing what he directs and assuming no independent responsibility, or whether, on the other hand, nursing is a distinct profession, with its own legitimate sphere; whether, stating the issue in still another form, there is a place for the supervision of nurses by a superintending nurse, or whether all supervision should be from the physician in charge of each particular case. From one point of view it is a family quarrel with which the outside lay public is unconcerned; from another it is, however, of peculiar interest to the student of social evolution. What appears to be in process is the struggle for more complete recognition of a new and vigorous profession. It involves many subordinate issues. Regents' examination and registration of nurses is one of these—the New York law, which has recently gone into effect, being a distinct victory for the professional nurse. The possibility of raising the minimum standard of character and responsibility of the medical practitioners among the poor is another, which we specify with due fear and trembling, but with so much of courage, also, as is required to say it. There are, perhaps, among down-town physicians as high average standards as elsewhere, and certainly there are individual examples of professional skill, of personal integrity, and conscientious devotion which it would be impossible to surpass in the ranks of the medical profession. It remains true that there are some who are unfit and others who are unscrupulous. If district nursing had no other defence than that it mitigates somewhat the hardships of those of the sick who fall into the hands of the incompetent, the ignorant, and the dishonest practitioner, there would still be much to be said in its favor. A tactful nurse will, no doubt, even under such circumstances, preserve to some extent the fiction of working under the physician's direction; and those who can guide and prevent stupid blunders, and even prevent positive injuries, while still appearing to follow and to obey instructions, represent perhaps the flower of the nursing profession."

EDITORIAL COMMENT

PROGRESS OF REGISTRATION

THE ENGLISH BILL.

We give in the Miscellany an exact reproduction of the English bill for the registration of trained nurses in Great Britain, as it appeared with annotations in italics in the *British Journal of Nursing* under date of December 19.

It should be borne in mind that this bill is national in its scope. In comparison with the brevity and simplicity of our American State bills it seems complicated, but when one has separated the somewhat voluminous details of the constitution of the General Nursing Council from the paragraphs that deal with the actual registration of the nurses the important underlying principles will be found the same. The English nurses accept our title of R.N.—nurses to be registered must be graduates from training-schools approved by the General Nursing Council; registration is neither compulsory or prohibitory, but provides simply a means of distinguishing between the really trained nurses who desire protection and the untrained, and the balance of power is under the control of the nurses.

As each country or State secures the passage of laws providing for a legal status of education for nurses the chain of progress grows longer and stronger. When the English bill will have become a law it will embrace all of Great Britain at one superb bound. The United States needs to "keep a-hustling."

THE MARYLAND BILL.

The bill prepared by the Maryland State Nurses' Association is also given in full in the Official Department. The standards of this bill, both preliminary and professional, are greatly in advance of anything asked for by the other States, and if the bill passes as it is drawn Maryland will lead in professional importance.

This is as it should be. We have said before each State as it comes into line should profit by what the other States have gained and "ask for more." The little circular of information published on page 469 is the best comment that can be made upon it. We congratulate Maryland.

WHAT OTHER STATES ARE DOING.

Other reports found in the Official Department give some interesting facts in regard to progress of registration. In North Carolina the Examining Board is now getting into active operation, and the general tone from that State seems to be one of encouragement. We hear only the most favorable reports from Virginia. The leaders in the movement there seem to anticipate no interference with their bill before the Legislature, and feel confident that with their policy of going forward slowly and making their requirements for admission very easy in the beginning, they will have no difficulty in gradually establishing such a standard as they feel to be desirable. The report of the New Jersey State meet-

ing shows satisfactory progress. Massachusetts has framed a bill and is practically ready for legislation.

THE NEW YORK EXAMINERS.

The Board of Nurse Examiners of New York State have decided upon the qualifications for the registration of training-schools, both preliminary and professional, and have sent their recommendations to the Board of Regents at Albany. Having decided upon the educational requirements which it should recommend to the Board of Regents, the examiners will now be able to give their undivided attention to the examination of the papers of applicants for registration.

As yet no examination questions have been prepared, nor will any be needed until the June examinations for those applying for examination in practical nursing, of which an announcement was made in the October JOURNAL.

We wish to remind nurses again that the work of the examiners must be slow. In the first place, all of the examiners are engaged in some other occupation and cannot give their undivided attention to the work of the State.

The application papers are very tedious to examine. Some are badly written; many are imperfectly filled out, some applicants even omitting to mention the training-schools from which they have graduated. The great majority of the applicants are absolutely unknown to the examiners, as are also their endorsers.

ABOUT THE PHOTOGRAPH.

Many nurses have written to us to know if a photograph is really necessary. This is a requirement of the Regents' Office and must be complied with, but the cheapest kind of a photograph will answer. Those known as "postal" photographs—four for fifty cents—are being used by many nurses and are perfectly satisfactory.

EXAMINATIONS.

There still seems to be a good deal of misunderstanding on the part of nurses as to what registration really means, and what mode of procedure is necessary, and perhaps it is not strange that many should find the subject difficult to grasp. A more careful study of the bills by the different alumnæ associations in all of the States would clear the fog from many minds.

First let us remind our readers that registration will not prevent any woman from continuing to do nursing. It will only prevent her from *using the title* R.N. without registration.

Second, graduates from recognized training-schools are not required to pass an examination provided they apply for registration within three years from the passage of the bill, which will be April, 1906.

Third, nurses who have had three-years' experience in a general hospital where there was no training-school before the passage of the bill are not required to pass an examination.

Fourth, nurses who have been in the actual practice of nursing for three years before the passage of the bill may be registered by passing an examination in practical nursing before April, 1906.

If our readers will turn to page 53 of the October number of the JOURNAL they will find in the report of the first meeting of the examiners issued from the Regents' Office the following:

"The test in practical nursing will include both a practical demonstration and a written test involving the care of febrile cases, of patients before and after an operation, of the mother and new-born babe in normal and abnormal obstetrical cases, of treatment of emergencies, and a knowledge of drugs with regard to toxicological symptoms and treatment after poisonous doses. Male nurses will be examined on genito-urinary work as a substitute for obstetrical cases.

"The practical demonstration will be conducted by a member of the Board of Examiners, who must recommend the applicant for admission to the written test. Both practical demonstration and written test will be held on the dates and at the places prescribed for Regents' examinations in the other professions, —viz., at New York, Albany, Syracuse, and Buffalo, June 21, 1904, January 24, 1905, June 20, 1905."

Up to this time, as we have already stated, the chief work of the examiners has been in studying the curricula of the training-schools applying for registration, and deciding upon what would seem a just minimum requirement for all schools. This work having now been completed, more time will be devoted to the individual applications for registration, and later on to the preparation of the examination questions for the examinations that will take place in June, as stated above. Remember that these examinations are *not* for graduates from recognized schools, but are for men and women whose knowledge has been gained from experience, who desire to prove their fitness for recognition as registered nurses. These examinations will doubtless be of a very simple, practical character.

The whole plan for registration of both training-schools and nurses is based upon what has been done when the other professions were first registered. The idea is to begin with very low standards, that schools not doing good work may have an opportunity to come up, and that all honorable men and women who are earning their living by nursing may not be unjustly deprived of their occupation; then, little by little, as the years go on, the requirements for the schools will be raised, and in this way nurses will be better and more uniformly educated.

CIVIL SERVICE COMMISSION RECOGNIZES REGISTRATION.

The new rules of the Civil Service Commission of New York, issued under date of December 4, 1903, contain several interesting changes that are of importance to nurses. Under Rule XVIII.,—the non-competitive class,—Section 4 reads, "For the position of trained nurse, when the applicant is a *registered nurse*, under Chapter 293 of the Laws of 1903 a certificate of such registry may, when presented, be accepted in lieu of the examination required herein," etc., and "nurses" are in the non-competitive lists for "positions in Bellevue and allied hospitals" and for "positions in the hospitals for contagious diseases."

We understand that Miss Delano and Miss Gilmour were quietly instrumental in securing this recognition of the registration law by the Civil Service Commission, and in placing trained nurses in the non-competitive list. There will be work of this kind to be done in all States and cities where laws have been passed. Our experience has been that politicians are usually very practical men, quick to see the common-sense side of any question, and ready to listen to intelligent explanations when reasonably presented. It is difficult for the initiated to keep pace with the strides that nursing affairs are making just at this period, and if we expect laymen to give nurses the recognition we are working for, it is our business to see that they understand what nurses want.

TUBERCULOSIS EXPOSITION IN BALTIMORE

The Tuberculosis Exposition held in Baltimore during the week commencing January 25 included, in addition to the exhibits, a most interesting programme, in which many of the leading specialists in tuberculosis research took part. Among the subjects considered were house infections, tuberculosis in cattle, tuberculosis in animals, the restrictions of tuberculosis, home treatment, etc., etc. The work of nurses was given a recognized place. Miss M. A. Nutting, of the Johns Hopkins Hospital, one of the original committee, made some investigations with regard to house-to-house visiting of tuberculosis patients by nurses, and these reports, with some interesting photographs, were included as part of the exhibit. Miss Nutting has been from the beginning a fervent believer in the house-to-house method of caring for tuberculosis patients, and the data which she will have collected and exhibited at the congress will be the first report of the work of nurses in the prevention and care of tuberculosis patients that has been made in this country. Miss Nutting has promised this material to the Journal, and we hope to be able to give it to our readers at an early date.

THE BERLIN CONGRESS

This number of the Journal contains in both the Official Department and Miscellany announcements of the preparations that are being made for the Berlin Congress. There is no doubt but that a large number of nurses are going over from this country, and as the time draws nearer the interest is increasing. Miss Thornton already has promises of at least a party of fifty, and, of course, there are great numbers of nurses who cannot be sure of getting away until later in the season.

We shall be able in a later number to give something more in detail of the programme of the International Congress of Nurses, papers to be read, etc., etc., with perhaps some idea of the amount of entertainment to be expected.

There is such inspiration to be gathered from such conventions, that no one should miss the opportunity who can possibly arrange to go.

It is more than probable that the date of the meeting of the Associated Alumnæ will be changed to some time in the early half of May, so that members from the South and West can attend the convention in Philadelphia en route to New York, from which point the party will sail.

THE PENNSYLVANIA MEETING

We give a very brief outline of the programme of the Pennsylvania State meeting in the Official Department, and we give here a few sentences from Dr. McAllister's address. The nurses were the guests of the Academy of Medicine, and judging from the tone of the address we would infer that the nurses of that State might feel quite sure of the support of the medical profession with the Legislature. Dr. McAllister said in part:

"We are flattered that you have come to our city and that you have chosen our building and our home as your convention place (the Academy of Medicine). It is proper that our home should be your home; you are an essential part of the medical profession; doctor and nurse are both essential to the welfare of the sick. We have the same objects in view—the relief of the sick and suffering and the teaching and enforcing the laws of hygiene and cleanliness. The science and art of medicine and the art of nursing should go hand-in-hand, for it is

undoubtedly true that the results of the physician have greatly improved with the help of the trained nurse, and our gratitude and praise are due her. Therefore as a fellow-worker we welcome you.

"It is right that the nursing profession should have organization. It is as necessary as organization in the medical or other professions. It is not selfish to promote harmony, efficiency, and raise the standard of the profession, and in so doing protect the public. Any legislation in the interest of the art of nursing is also in the interest of the people dependent upon it. I believe it the duty of every competent nurse to be a member of the body and to assist in promoting the law of registration, which is for the protection of the public and for the benefit of the nurse. I can assure you of the earnest support of the medical profession of Harrisburg in your effort to make more useful your profession."

HOSPITAL OF THE ST. LOUIS EXPOSITION

We are having many letters of inquiry from nurses at a distance asking for information in regard to the service of the St. Louis Exposition Hospital during the coming summer. We are able to state upon official authority that the Nursing Department has not been organized, and probably will not be before the first of April. We are promised an outline of the plan upon which the nursing is to be conducted, which will be published for the benefit of our readers in a later issue.

MATRON TO GO TO SYDNEY

We want to call the attention of hospital women to the advertisement in the Training-School department for a matron, or, to use our more familiar title, superintendent of a training-school, for the Royal Prince Albert Hospital at Sydney, New South Wales. Here is an opportunity for some able woman to introduce our American system of training into Australasia, and at the same time widen her own horizon. Applications, to reach London before February 28, must be sent quickly.

NURSE TO SPEAK ITALIAN

In the development of a special branch of work at the Henry Street Settlement, New York, a nurse of the highest grade is needed who speaks Italian.